

Topic: Group claim information

_____ moved to amend as follows:

1 In line 18, after "(1)" insert "(a)"

2 In line 19, after "policyholder" insert "monthly"

3 In line 20, delete "fourteen" and insert "thirty"

4 After line 20, insert:

5 "(b) A health plan issuer shall not be required to release
6 claims information as required in division (B)(1)(a) of this
7 section more than once per calendar year per group
8 policyholder."

9 In line 25, after "paid" insert "or incurred"

10 In line 27, after "enrollment" insert "data"

11 In line 30, after "enrollment" insert "data"

12 In line 32, delete "The amount of any claims reserve
13 established by the"

14 In line 33, delete "health plan issuer against future
15 claims under the policy" and insert "Monthly prescription claims
16 information"

17 In line 34, delete "Claims" and insert "Paid claims";
18 delete "ten" and insert "thirty"

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19 In line 36, delete "which claims are unpaid or"

20 In line 37, delete "outstanding,"; delete ";

21 Delete lines 38 through 39

22 In line 40, delete "policy provisions"

23 In line 53, after the second "," insert "or"

24 In line 54, delete ", or prognosis"

25 In line 70, delete "divisions" and insert "division";

26 delete "and (e)"

27 In line 73, delete "A health plan issuer that fails to
28 comply with the"

29 Delete lines 74 through 77 and insert "Committing a series
30 of violations of this section that, taken together, constitute a
31 practice or pattern shall be considered an unfair or deceptive
32 practice under sections 3901.19 to 3901.26 of the Revised Code.

33 (I) Nothing in this section shall be construed as
34 prohibiting a health plan issuer from disclosing additional
35 claims information beyond what is required by this section."

36 In line 222, delete "January" and insert "July"

37 The motion was _____ agreed to.