HOUSE	AMENDMENT NO
	Offered by
	of
AMEND House Bill No. 1	1314, Page 5, Section 1.334, Line 82, by
	f said line the following:
"Section 1. 1.	For an enrollee who is in the second or
third month of a grace	e period, an issuer of a qualified health
plan shall:	
(1) Upon request	t by a health care provider or health care
facility, provide info	ormation regarding the enrollee's
<u>eligibility status in</u>	realtime; and
(2) Notify a hea	alth care provider or health care facility
<u>that an enrollee is ir</u>	n the grace period within three business
days after submittal c	of a claim or status request for services
provided.	
2. The informati	ion or notification required under
subsection 1 of this s	section shall, at a minimum:
(1) Indicate "gr	race period" or use the appropriate national
coding standard as the	e reason for pending the claim if a claim is
pended due to the enro	ollee's grace period status; and
(2) Except for r	notification provided electronically,
indicate that the enro	ollee is in the second or third month of the
<u>grace period.</u>	
3. For purposes	of this section, the following terms shall
mean:	
(1) "Grace perio	od", nonpayment of premiums by an enrollee
receiving advance paym	ments of the premium tax credit, as defined
in Section 1412 of the	e Patient Protection and Affordable Care
	amended by the Health Care and Education
	.L. 111-152, and implementing regulations
	States Department of Health and Human
<u>Services;</u>	

Action Taken _____Date _____

1	(2) "Qualified health plan", a health plan that is offered
2	through an exchange and which has been certified as providing the
3	essential health benefits package required under the Patient
4	Protection and Affordable Care Act, P.L. 111-148, as amended by
5	the Health Care and Education Reconciliation Act, P.L. 111-152.";
6	and
7	

8 Further amend said title, enacting clause and intersectional 9 references accordingly.