

FIRST REGULAR SESSION

HOUSE BILL NO. 1357

101ST GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE POLLOCK (123).

2727H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to payments for health care services.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.1347, to read as follows:

376.1347. 1. As used in this section, the following terms shall mean:

(1) "Claimant", any individual, corporation, association, partnership, or other legal entity asserting a right to payment arising out of a contract or a contingency or loss covered under a health benefit plan;

(2) "Health benefit plan", a policy, contract, certificate, or agreement entered into, offered, or issued by a health carrier to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services; except that, the term "health benefit plan" shall not include any coverage under a liability insurance policy, workers' compensation insurance policy, or medical payments insurance issued as a supplement to a liability policy;

(3) "Health carrier", the same meaning given to the term in section 376.1350; except that, for purposes of this section, the term "health carrier" shall include any entity operating a prepaid dental plan as defined in section 354.700 and any entity acting on behalf of the health carrier.

2. No health carrier shall modify a medical code on a claim for reimbursement in a way that results in a lower reimbursement amount. If a health carrier requires additional information to process the claim as submitted, the health carrier shall follow the

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17 process specified in section 376.383, provided that claims for emergency services as defined
18 in section 376.1350 shall be subject to the provisions of section 376.1367.

19 3. No communication, including an explanation of benefits, by a health carrier to
20 a patient regarding services the patient received from a health care provider shall state or
21 imply:

22 (1) That a claim for reimbursement submitted by a claimant was inaccurate or
23 otherwise inappropriate unless there is clear evidence that the procedure code listed on the
24 claim was not the procedure actually performed or that the procedure was not clinically
25 appropriate; or

26 (2) That the claimant's charge was excessive unless the charge to the patient for the
27 service provided is greater than the claimant's usual fee for the service provided or greater
28 than the fee allowed by the patient's health carrier for the service provided.

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