

HOUSE BILL NO. 2129

98TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE WHITE.

5750H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto two new sections relating to health insurance providers.

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

Section A. Chapter 376, RSMo, is amended by adding thereto two new sections, to be known as sections 376.393 and 376.1425, to read as follows:

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

(1) "Health carrier", the same meaning as such term is defined in section 376.1350;

(2) "Provider", the same meaning as such term is defined in section 376.1350, and in addition, orthotic and prosthetic services and home health agencies.

2. Each health carrier shall provide each contracted provider with access to the health carrier's standard fee schedule, specific to the provider's geographic area, through a secure website. Such fee schedule shall reflect the current payment rates for all goods and services pertinent to the provider's practice or business, defined by procedure codes, diagnosis related groups, or defined by another payment mechanism. All contracted providers in such geographic area shall be paid for the goods and services provided at such rates, unless different rates have been specifically agreed upon contractually with an individual provider. In no case shall the standard fee schedule include a rate for a specific good or service that is less than the lowest rate individually contracted for by the providers of such good or service in the applicable geographic area if all the providers in such area have individually contracted to be paid at different rates for such good or service.

3. No health carrier, or any of its subsidiaries, networks, contractors, or subcontractors, shall refuse to contract with any Missouri provider who is located within

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.

18 the geographic coverage area of a health benefit plan and who is willing to meet the terms
19 and conditions for provider participation established for such health benefit plan,
20 including the MO HealthNet and Medicare programs, if such provider is willing, as a term
21 of such contract, to be paid at rates equal to the standard rates provided under subsection
22 2 of this section.

376.1425. 1. Every health care provider, as defined in section 376.1350, making a
2 referral of a patient to a medical facility for health care services shall fully inform the
3 patient of every medical facility within a health carrier's or health benefit plan's provider
4 network at which the health care provider has privileges to provide the services for which
5 the patient is being referred and which are medically appropriate for the provision of such
6 services. In accordance with the options provided to a patient under this section, a health
7 care provider shall provide the health care services at the medical facility of a patient's
8 choosing.

9 2. No referral by a provider or selection of facility by a patient shall be required or
10 otherwise restricted by a health carrier or health benefit plan, as defined in section
11 376.1350, if the medical facility referred to and selected by a patient is in the provider
12 network and is medically appropriate for the health care service to be provided.

13 3. No health carrier or health benefit plan shall discriminate between medically
14 appropriate facilities within the provider network regarding benefit coverage or
15 reimbursement for provider services for the same health care service.

16 4. Any health care provider, health carrier, or health benefit plan shall be subject
17 to licensure sanction for failure to comply with the provisions of this section.

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