

SECOND REGULAR SESSION

SENATE BILL NO. 870

100TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR HOUGH.

Read 1st time January 14, 2020, and ordered printed.

ADRIANE D. CROUSE, Secretary.

4883S.01I

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to lists of health care provider participation in health benefit plans.

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 376.327, to read as follows:

376.327. 1. (1) As used in this section, terms shall have the same meanings as ascribed to them in section 376.1350.

(2) As used in this section, the term "cost-sharing" shall mean expenses paid by an enrollee receiving a health care service under a health benefit plan, including but not limited to deductibles, co-payments, and coinsurance.

2. Health carriers shall maintain on a website page a list of participating providers, including the providers' names, addresses, and contact information, for any health benefit plan it offers where the term participating provider is applicable. Health carriers shall provide the list by mail not less frequently than every three months to any enrollee who requests to receive the list in writing, or alternatively may provide the list with the same frequency by email at the request of the enrollee. For an enrollee who requests to receive the list by mail or email, the most recent list received by the enrollee shall be deemed to be the current list of participating providers.

3. At any given time, the list of participating providers shall contain at least ninety percent of the providers who participate in the health benefit plan, and not more than ten percent of the list shall consist of nonparticipating providers. Each time the list is modified, health carriers shall provide to the department of commerce and

22 insurance an audit of the list confirming adherence to the requirements
23 of this subsection both before and after the modification.

24 4. A health care provider that is not a participating provider but
25 is included on the current list of participating providers shall be
26 reimbursed by the health carrier at a rate equal to the lesser of: the
27 highest reimbursement rate provided under the health benefit plan to
28 any participating provider for the health care services rendered, or the
29 reimbursement rate agreed upon when the provider most recently
30 became a participating provider for the health benefit plan. The health
31 care provider shall not charge an enrollee for any difference between
32 the reimbursement rate specified in this section and the provider's
33 billed charge, except that the enrollee shall be responsible for any cost-
34 sharing that is applicable to the health care services when received
35 from a participating provider under the health benefit plan. Such cost-
36 sharing shall be counted by the health carrier toward any deductible
37 or out-of-pocket maximum applicable to health care services received
38 from participating providers under the plan.

39 5. The director of the department of commerce and insurance
40 shall promulgate rules as necessary for the implementation of this
41 section. Any rule or portion of a rule, as that term is defined in section
42 536.010, that is created under the authority delegated in this section
43 shall become effective only if it complies with and is subject to all of
44 the provisions of chapter 536 and, if applicable, section 536.028. This
45 section and chapter 536 are nonseverable and if any of the powers
46 vested with the general assembly pursuant to chapter 536 to review, to
47 delay the effective date, or to disapprove and annul a rule are
48 subsequently held unconstitutional, then the grant of rulemaking
49 authority and any rule proposed or adopted after August 28, 2020, shall
50 be invalid and void.

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