

SECOND REGULAR SESSION

HOUSE BILL NO. 2400

102ND GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE DAVIDSON.

5053H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal section 376.427, RSMo, and to enact in lieu thereof one new section relating to payments made by insurers to providers for health care services.

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

Section A. Section 376.427, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.427, to read as follows:

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

- 2 (1) "Health benefit plan", as such term is defined in section 376.1350. The term
3 health benefit plan shall also include a prepaid dental plan, as defined in section 354.700;
- 4 (2) "Health care services", medical, surgical, dental, podiatric, pharmaceutical,
5 chiropractic, licensed ambulance service, and optometric services;
- 6 (3) "Health carrier" or "carrier", as such term is defined in section 376.1350. The
7 term health carrier or carrier shall also include a prepaid dental plan corporation, as defined in
8 section 354.700;
- 9 (4) "Insured", any person entitled to benefits under a contract of accident and sickness
10 insurance, or medical-payment insurance issued as a supplement to liability insurance but not
11 including any other coverages contained in a liability or a workers' compensation policy,
12 issued by an insurer;
- 13 (5) "Insurer", any person, reciprocal exchange, interinsurer, fraternal benefit society,
14 health services corporation, self-insured group arrangement to the extent not prohibited by
15 federal law, prepaid dental plan corporation as defined in section 354.700, or any other legal
16 entity engaged in the business of insurance;

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 (6) "Provider", a physician, hospital, dentist, podiatrist, chiropractor, pharmacy,
18 licensed ambulance service, or optometrist, licensed by this state.

19 2. Upon receipt of an assignment of benefits made by the insured to a provider, the
20 insurer shall issue the instrument of payment for a claim for payment for health care services
21 in the name of the provider. All claims shall be paid within thirty days of the receipt by the
22 insurer of all documents reasonably needed to determine the claim.

23 3. Nothing in this section shall preclude an insurer from voluntarily issuing an
24 instrument of payment in the single name of the provider.

25 4. Except as provided in subsection 5 of this section, this section shall not require any
26 insurer, health services corporation, prepaid dental plan as defined in section 354.700, health
27 maintenance corporation or preferred provider organization which directly contracts with
28 certain members of a class of providers for the delivery of health care services to issue
29 payment as provided pursuant to this section to those members of the class which do not have
30 a contract with the insurer.

31 5. When a patient's health benefit plan does not include or require payment to out-of-
32 network providers for all or most covered services, which would otherwise be covered if the
33 patient received such services from a provider in the health benefit plan's network, including
34 but not limited to health maintenance organization plans, as such term is defined in section
35 354.400, or a health benefit plan offered by a carrier consistent with subdivision (19) of
36 section 376.426, payment for all services shall be made directly to the providers when the
37 health carrier has authorized such services to be received from a provider outside the health
38 benefit plan's network.

39 **6. Payments made to providers under this section shall be subject to the**
40 **provisions of section 376.383.**

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