SCS HCS HB 986 -- HEALTH CARE SERVICES

This bill changes the laws regarding health care services. In its main provision, the bill:

(1) Prohibits a health information organization (HIO) from imposing a connection fee or recurring connection fee on another HIO when exchanging standards-based clinical summaries for patients or for sharing information of a state agency (Section 191.237, RSMo);

(2) Requires a person to have been receiving full child care service benefits for at least four months prior to implementation of the Low-Wage Trap Elimination Act, known as the Hand-up Program, by the Children's Division within the Department of Social Services in order to qualify for benefits under the program. Currently, a person must have been receiving full child care service benefits continuously since on or before August 28, 2012, in order to qualify. The provisions regarding the program are extended from August 28, 2015, to August 28, 2017 (Section 208.053);

(3) Extends the provisions regarding the Ticket to Work Health Assurance Program from August 28, 2013, to August 28, 2019 (Section 208.146);

(4) Allows for the establishment of a 12-member Joint Committee on Medicaid Transformation with four representatives appointed by the Speaker of the House of Representatives and two representatives of the minority party appointed by the Speaker with the advice of the House Minority Leader and four senators appointed by the President Pro Tem of the Senate and two senators of the minority party appointed by the President Pro Tem with the advice of the Senate Minority Leader. The committee may study:

(a) How to prevent fraud and abuse;

(b) More efficient and cost-effective ways to provide coverage for MO HealthNet participants;

(c) How coverage for MO HealthNet participants can resemble that of commercially available health plans while complying with federal Medicaid requirements;

(d) Possibilities for promoting healthy behavior by encouraging a patient to take ownership of his or her health care and seek early preventative care;

(e) The best manner in which to provide incentives, including a shared risk and savings to health plans and providers to encourage cost-effective delivery of care; and

(f) Ways that a participant currently receiving coverage through the MO HealthNet Program can transition to obtaining his or her health coverage through the private sector (Section 208.993);

(5) Creates the Missouri Senior Services Protection Fund and allocates $55.1 million to it for services for low-income seniors and people with disabilities (Section 208.1050); and

(6) Prohibits a health carrier or health benefit plan issuing or renewing a health benefit plan on or after January 1, 2014, from denying coverage for a health care service on the basis that the service was provided through telehealth if the same service would be covered when delivered in person. A health care service cannot be excluded from coverage solely because the service is provided through telehealth rather than in person. A health carrier cannot be required to reimburse a telehealth provider or a consulting provider for site origination fees or costs of telehealth services but, subject to correct coding, must reimburse a telehealth provider for the diagnosis, consultation, or treatment of an insured person delivered through telehealth on the same basis that the health carrier covers the service when it is delivered in person. A health care service provided through a telehealth service must not be subject to any greater deductible, copayment, or coinsurance amount than would be applicable if the same service was provided in person. A health carrier may undertake utilization review to determine the appropriateness of telehealth as a means of delivering a health care service as long as the determinations are made in the same manner as those regarding the same service when it is delivered in person. A health carrier must not impose durational benefit limits or maximums that are not equally imposed on all terms and services covered under the plan. A health carrier or health benefit plan may limit coverage for health care services that are provided through telehealth to health care providers that are in a network approved by the plan or the health carrier. A health care provider is not required to be physically present with the patient unless the provider determines that the presence of a health provider is necessary. The bill does not apply to specified types of supplemental insurance policies (Section 376.1900).

The provisions of the bill regarding the Joint Committee on Medicaid Transformation will expire January 1, 2014.

The provisions of the bill regarding telehealth insurance coverage become effective January 1, 2014.

The provisions of the bill regarding the Missouri Senior Services Protection Fund contain an emergency clause.