

HCS HB 2225 -- HEALTH INSURANCE REIMBURSEMENT

SPONSOR: Henderson

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Insurance Policy by a vote of 11 to 0. Voted "Do Pass" by the Rules- Legislative Oversight Committee by a vote of 12 to 0.

This bill specifies that the necessity of emergency services to screen and stabilize a patient shall be determined by the treating physician.

The bill requires a qualified physician to review the enrollee's medical records regarding the emergency condition before the health carrier may deny payment. The carrier shall not deny payment based predominantly on current procedural terminology or International Classification of Diseases (ICD) codes.

This bill requires payments to be paid directly to the health care provider by the health carrier regardless of whether the provider participates in the carrier's network and directly to a provider when the carrier has authorized the patient to receive services from a provider outside the carrier's network.

This bill is the similar to SB 928 (2018).

PROPONENTS: Supporters say that this bill will help providers get reimbursed for services provided correctly. Now if a patient comes in presenting with one issue and then in the process of examination the provider finds a different medical issue the insurance companies are reducing what they pay the provider by 50% for the second medical issue. This is not fair. If they would have scheduled an appointment for each issue the physician would be paid the correct amount for both procedures. This bill will fix the problem.

Testifying for the bill were Representative Henderson; David Barbe, MD, Missouri State Medical Association and American Medical Association; SSM Health; Missouri Association Osteopathic Physicians & Surgeons; Missouri College of Emergency Physicians; St Luke's Health; BJC Healthcare; Missouri Hospital Association; Teresa Coyan, Cox Health; and Dr. Jonathan Cleaver, DO, Missouri Dermatological Society and American Academy of Dermatology.

OPPONENTS: Those who oppose the bill say that this bill does nothing to protect the consumer. Insurance rates are already high in the individual market and currently there are only three companies selling policies. We contract with these hospitals and

negotiate the prices. Medicare and Medicaid are also not paying as well as they used to. This could cause the insurance companies to get out of the individual market.

Testifying against the bill were America's Health Insurance Plans; Blue Cross Blue Shield of Kansas City; Jay Moore, Anthem Blue Cross Blue Shield; Anthem Blue Cross Blue Shield; Missouri Insurance Coalition; and St. Louis Area Business Health Coalition.