

HCS SB 103 -- HEALTH CARE SERVICES

SPONSOR: Schupp

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Insurance Policy by a vote of 11 to 3. Voted "Do Pass" by the Standing Committee on Rules- Administrative Oversight by a vote of 7 to 3.

This bill makes changes relating to health care services.

BENEFIT PAYMENTS

The bill limits the ambulance services that health carriers or managed care plans are required to pay benefits to directly to ground and not-for-profit, hospital-based air ambulance services.

SHORT-TERM MEDICAL POLICIES

This bill requires short-term major medical policies to include a statement on the application and fact sheet regarding the health benefits that may not be covered. The insured must confirm that he or she received a benefit summary statement. The requirements of the statement are specified in the bill.

Currently, these provisions refer to a short-term major medical policy of six months or less duration. This bill changes these policies to a duration of less than one year.

The bill exempts short-term major medical policies from being required to provide coverage of certain illnesses, services, and policy renewal requirements as specified in the bill. Any individual with a short-term major medical plan shall be permitted to learn the cost-sharing amounts in his or her policy.

This changes the duration of a short-term nonrenewable policy from not more than seven months to having a duration of less than one year.

OUT-OF-NETWORK CHARGES

Currently, utilizing the unanticipated out-of-network process is optional. This bill requires health care professionals to utilize the process outlined in statute for claims for charges for unanticipated out-of-network care.

HEALTH CARE PROVIDER REIMBURSEMENT

The bill specifies that a health carrier shall not restrict methods

of reimbursement to health care providers for health care services using a reimbursement method that requires the provider to pay a fee, discount the amount of their claim for reimbursement, or remit any other form of remuneration in order to redeem the amount of their claim for reimbursement.

If a health carrier initiates or changes the method used to reimburse a health care provider to a method of reimbursement that will require the health care provider to pay a fee, discount the amount of its claim for reimbursement, or remit any other form of remuneration to the health carrier or any entity acting on behalf of the health carrier in order to redeem the amount of its claim for reimbursement, the health carrier must:

(1) Notify the health care provider of the fee, discount, or other remuneration required to receive reimbursement through the new reimbursement method; and

(2) Provide clear instructions in the notice to the health care provider explaining how to select an alternative payment method, and upon request of an alternative payment method the alternative method must be used to reimburse the provider.

The bill requires the health carrier to allow the provider to be reimbursed by electronic funds if requested by the provider.

Violation of this section shall be deemed an unfair trade practice under Sections 375.930 to 375.948, RSMo.

PROPOSERS: Supporters say that this is necessary for transparency purposes. If you go to a hospital that is in your health care plan then everything should be treated like in-network for your health insurance coverage. People often get bills for out of network from physicians that work in the hospital and this is a lot more expensive.

Testifying for the bill were Senator Schupp; Missouri Insurance Coalition; St. Louis Area Business Health Coalition; Missouri Hospital Association; and Wayne Lee.

OPPOSERS: There was no opposition voiced to the committee.