

HB 1513 -- FREEDOM TO CHOOSE HEALTHCARE ACT

SPONSOR: Messenger

This bill establishes the "Missouri Freedom to Choose Health Care Act" and requires health carriers to annually submit a list of their Medicare rates or capitated rates for covered services to the Department of Commerce and Insurance, who shall post the information on the department's website.

Health carriers are required to pay all contracted providers for goods and services provided at such rates, unless different rates have been specifically agreed upon with an individual provider. However, the reimbursement rate can never be less than the lowest rate individually contracted for by the providers in the applicable geographic area, if all providers in the area have individually contracted to be paid at different rates.

Health carriers are required to contract with any Missouri provider who is willing to meet the terms and conditions established for such health benefit plan, including the Medicare program, as long as the provider is willing to be paid at rates equal to the Medicare of capitated rates.

Health care providers are required to provide every patient with information on every medical facility the provider has privileges at and shall provide the services at the medical facility of the patient's choosing, without requiring a referral or other restriction on selection.

Any health carrier authorizing a claim for reimbursement must make full payment on such claim. A health carrier cannot authorize payment and then refuse to pay or refuse to pay the full amount that it authorized.

A health care provider, health carrier, or health benefit plan will be subject to licensure discipline for failure to comply with the provisions of this bill.

The provisions of this bill do not apply to voluntary insurance products or to the MO HealthNet program.

This bill is the same as HB 405 (2019) and similar to HB 2136 (2018).