House ______ Amendment NO.____

	Offered By
1 2 3	AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 401, Page 9, Section 354.603, Line 87, by inserting after all of said section and line the following:
3 4	"376.325. 1. To the extent a health carrier has developed a closed or exclusive provider
5	network as provided in subdivision (19) of section 376.426 through contractual arrangements with
6	selected providers, such health carrier shall accept into such closed or exclusive network any willing
7	licensed physician who agrees to accept a fee schedule, payment, or reimbursement rate that is
8	fifteen percent less than the health carrier's standard prevailing or market fee schedule, payment, or
9	reimbursement rate for such network in the specific geography of the licensed physician's practice.
10	2. This section shall not apply to any licensed physician who does not meet the health
11	carrier's selection standards and credentialing criteria or who has not entered into the health carrier's
12 13	standard participating provider agreement.
13 14	3. As used in this section, the term "health carrier" shall have the same meaning ascribed to it in section 376.1350. The term "physician" shall mean a physician licensed to practice in Missouri
14	under the provisions of chapter 334. As used in this section, a "closed or exclusive provider
16	network" is a network for a health benefit plan that requires all health care services to be delivered
17	by a participating provider in the health carrier's network, except for emergency services, as defined
18	in section 376.1350, and the services described in subsection 4 of section 376.811."; and
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20	Further amend said bill, Section 376.1363, Page 34, Line 47, by inserting after all of said section and
21	line the following:
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23 24	" <u>376.1575</u> . As used in sections <u>376.1575</u> to <u>376.1580</u> , the following terms shall mean:
24 25	(1) "Completed application", a practitioner's application to a health carrier that seeks the health carrier's authorization for the practitioner to provide patient care services as a member of the
23 26	health carrier's network and does not omit any information which is clearly required by the
27	application form and the accompanying instructions;
28	(2) "Credentialing", a health carrier's process of assessing and validating the qualifications of
29	a practitioner to provide patient care services and act as a member of the health carrier's provider
30	network;
31	(3) "Health carrier", the same meaning as such term is defined in section 376.1350;
32	(4) "Practitioner":
33	(a) A physician or physician assistant eligible to provide treatment services under chapter
34	<u>334;</u>
35	(b) A pharmacist eligible to provide services under chapter 338;
36 37	 (c) A dentist eligible to provide services under chapter 332; (d) A chiropractor eligible to provide services under chapter 331;
51	(a) A entropractor engine to provide services under enapter 551,
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1	(e) An optometrist eligible to provide services under chapter 336;
2	(f) A podiatrist eligible to provide services under chapter 330;
3	(g) A psychologist or licensed clinical social worker eligible to provide services under
4	chapter 337; or
5	(h) An advanced practice nurse eligible to provide services under chapter 335.
6	376.1578. 1. Within two working days after receipt of a faxed or mailed completed
7	application, the health carrier shall send a notice of receipt to the practitioner. A health carrier shall
8	provide access to a provider web portal that allows the practitioner to receive notice of the status of
9	an electronically submitted application.
10	2. A health carrier shall assess a health care practitioner's credentialing information and
11	make a decision as to whether to approve or deny the practitioner's credentialing application within
12	sixty business days of the date of receipt of the completed application. The sixty-day deadline
13	established in this section shall not apply if the application or subsequent verification of information
14	indicates that the practitioner has:
15	(1) A history of behavioral disorders or other impairments affecting the practitioner's ability
16	to practice, including but not limited to substance abuse;
17	(2) Licensure disciplinary actions against the practitioner's license to practice imposed by
18	any state or territory or foreign jurisdiction;
19	(3) Had the practitioner's hospital admitting or surgical privileges or other organizational
20	credentials or authority to practice revoked, restricted, or suspended based on the practitioner's
21	clinical performance; or
22	(4) A judgment or judicial award against the practitioner arising from a medical malpractice
23	liability lawsuit.
24	3. The department of insurance, financial institutions and professional registration shall
25	establish a mechanism for reporting alleged violations of this section to the department."; and
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27	Further amend said bill by amending the title, enacting clause, and intersectional references
28	accordingly.