

SECOND REGULAR SESSION

HOUSE BILL NO. 2612

99TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE DAVIS.

6562H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to accessibility of insurance carrier provider directories.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.687, to read as follows:

376.687. 1. As used in this section, the following terms shall mean:

(1) "Covered person", a policyholder, subscriber, enrollee, or other individual participating in a health benefit plan;

(2) "Facility", an institution providing health care services or a health care setting including, but not limited to, hospitals and other licensed inpatient centers, ambulatory surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings;

(3) "Health benefit plan", a policy, contract, certificate or agreement entered into, offered, or issued by a health carrier to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services; except that, health benefit plan shall not include any coverage pursuant to liability insurance policy, workers' compensation insurance policy, or medical payments insurance issued as a supplement to a liability policy;

(4) "Health care professional", a physician or other health care practitioner licensed, accredited, or certified by the state of Missouri to perform specified health services consistent with state law;

(5) "Health care provider" or "provider", a health care professional or a facility;

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

18 (6) "Health care service", a service for the diagnosis, prevention, treatment, cure,
19 or relief of a health condition, illness, injury, or disease;

20 (7) "Health carrier", an entity subject to the insurance laws and regulations of this
21 state that contracts or offers to contract to provide, deliver, arrange for, pay for, or
22 reimburse any of the costs of health care services, including a sickness and accident
23 insurance company, a health maintenance organization, a nonprofit hospital and health
24 service corporation, or any other entity providing a plan of health insurance, health
25 benefits, or health services; except that such plan shall not include any coverage pursuant
26 to a liability insurance policy, workers' compensation insurance policy, or medical
27 payments insurance issued as a supplement to a liability policy;

28 (8) "Network", the group or groups of participating health care providers
29 providing services under a network plan;

30 (9) "Network plan", a health benefit plan of a health carrier that requires a
31 covered person to use health care providers managed by, owned by, under contract with,
32 or employed by the health carrier or that creates incentives, including financial incentives,
33 of a covered person to use such health care providers;

34 (10) "Tier" or "tiered network", a network that identifies and groups some or all
35 types of providers and facilities into specific groups to which different provider
36 reimbursement, covered person cost sharing or provider access requirements, or any
37 combination thereof, apply for the same services.

38 2. (1) A health carrier shall post on its website a current and accurate provider
39 directory for each of its network plans with the information described in subsection 11 of
40 this section. Such online provider directory shall be easily accessible in a standardized,
41 downloadable, searchable, and machine readable format.

42 (2) In making the provider directory available online, the health carrier shall ensure
43 that the general public is able to view all of the current providers for a network plan
44 through a clearly identifiable link or tab and without creating or accessing an account or
45 entering a policy or contract number.

46 (3) The health carrier shall update each network plan on the online provider
47 directory at least every thirty days.

48 3. A health carrier shall provide a print copy of a current provider directory or a
49 print copy of the requested directory information, with the information described in
50 subsection 12 of this section upon request by a covered person or a prospective covered
51 person.

52 4. For each network plan, a health carrier shall include in plain language, in both
53 the online and print directory, the following general information:

54 (1) A description of the criteria the health carrier has used to build its provider
55 network;

56 (2) If applicable, a description of the criteria the health carrier has used to provide
57 tiers;

58 (3) If applicable, how the health carrier designates the different provider tiers or
59 levels, such as by name, symbols, or grouping, in the network and for each specific
60 provider in the network, which tier each is placed in order for a covered person or a
61 prospective covered person to be able to identify the provider tier; and

62 (4) If applicable, a notice that authorization or referral may be required to access
63 some providers.

64 5. The health carrier shall make clear for both its online and print directories the
65 provider directory that applies to each network plan by identifying the specific name of the
66 network plan as marketed and issued in this state.

67 6. Provider directories, whether in electronic or print format, shall be accessible to
68 individuals with disabilities and individuals with limited English proficiency as defined in
69 45 CFR 92.201 and 45 CFR 155.205(c).

70 7. A health carrier shall include in both its online and print directories a clearly
71 identifiable telephone number and either a dedicated email address or a link to a dedicated
72 web page that covered persons or the general public may use to report to the health carrier
73 inaccurate information listed in the provider directory. If a health carrier receives such
74 a report, it shall promptly investigate such report and verify the accuracy of the
75 information or update the information within thirty days.

76 8. A health carrier shall take appropriate steps to ensure the accuracy of the
77 information concerning each provider listed in the health carrier's provider directory and
78 shall, no later than January 1, 2019n review and update the entire provider directory for
79 each network plan offered. Thereafter, the health carrier shall, at least annually, audit a
80 reasonable sample size of its provider directories for accuracy, retain documentation of
81 such an audit to be made available for the director upon request, and based on the results
82 of such an audit, verify the accuracy of the information or update the information.

83 9. In accordance with rules promulgated by the department, the health carrier shall
84 report to the director:

85 (1) The number of reports received under subsection 7 of this section, the timeliness
86 of the health carrier's response, and the actions taken to verify or correct the provider's
87 information; and

88 (2) All auditing reports conducted by the health carrier under subsection 8 of this
89 section.

10. In circumstances where the director finds that a covered person reasonably relied upon materially inaccurate information contained in a health carrier's provider directory, the director may require the health carrier to provide coverage for all covered health care services provided to the covered person and to reimburse the covered person for any amount that he or she would have paid had the services been delivered by an in-network provider under the health carrier's network plan, provided that the director shall take into consideration that health carriers are relying on health care providers to report changes to their information prior to requiring any reimbursement to a covered person. Prior to requiring reimbursement in these circumstances, the director shall conclude that the service received by the health carrier were covered services under the covered person's network plan. In such circumstances, the fact that the services were rendered or delivered by a noncontracting or out-of-network provider shall not be used as a basis to deny reimbursement to the covered person.

11. The health carrier shall make available through an online provider directory, for each network plan, the following information in a searchable format:

(1) For health care professionals:

(a) Name;

(b) Gender;

(c) Contact information;

(d) Participating office location or locations;

(e) Specialty, if applicable;

(f) Board certifications, if applicable;

(g) Medical group affiliations, if applicable;

(h) Participating facility affiliations, if applicable;

(i) Languages spoken other than English by the professional or clinic staff, if applicable;

(j) Tier, if applicable; and

(k) Whether they are accepting new patients;

(2) For hospitals:

(a) Hospital name;

(b) Hospital type, such as acute, rehabilitation, children's, or cancer;

(c) Participating hospital location or locations;

(d) Hospital accreditation status; and

(e) Telephone number; and

(3) For facilities other than hospitals:

(a) Facility name;

- 126 **(b) Facility type;**
127 **(c) Types of services performed;**
128 **(d) Participating facility location or locations; and**
129 **(e) Telephone number.**
- 130 **12. The health carrier shall make available in print, upon request, the following**
131 **provider director information for the applicable network plan:**
- 132 **(1) For health care professionals:**
133 **(a) Name;**
134 **(b) Contact information;**
135 **(c) Participating office location or locations;**
136 **(d) Specialty, if applicable;**
137 **(e) Languages spoken other than English, if applicable; and**
138 **(f) Whether they are accepting new patients;**
- 139 **(2) For hospitals:**
140 **(a) Hospital name;**
141 **(b) Hospital type, such as acute, rehabilitation, children's, or cancer;**
142 **(c) Participating hospital location or locations; and**
143 **(d) Telephone number; and**
- 144 **(3) For facilities other than hospitals:**
145 **(a) Facility name;**
146 **(b) Facility type;**
147 **(c) Types of services performed;**
148 **(d) Participating facility location or locations; and**
149 **(e) Telephone number.**
- 150 **13. The health carrier shall include a disclosure in the print directory that the**
151 **information in subsection 12 of this section and included in the directory is accurate as of**
152 **the date of printing and that covered persons or prospective covered persons should**
153 **consult the health carrier's electronic provider directory on its website or call a specified**
154 **customer service telephone number to obtain current provider directory information.**

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