House	Amendment NO
	Offered By
Senate	ND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Bill No. 106, Page 14, Section 376.782, Line 45, by inserting after all of said section and line lowing:
	"376.1060. 1. As used in this section, the following terms shall mean:
	(1) "Contracting entity", any person or entity, including a health carrier, that is engaged in
he ac	t of contracting with providers for the delivery of [dental] health care services [or the selling
	gning of dental network plans to other health care entities];
	(2) ["Identify", providing in writing, by email or otherwise, to the participating provider the
name,	address, and telephone number, to the extent possible, for any third party to which the
ontra	cting entity has granted access to the health care services of the participating provider]
Heal	h benefit plan", the same meaning given to the term in section 376.1350;
	(3) ["Network plan", health insurance coverage offered by a health insurance issuer under
vhich	the financing and delivery of dental services are provided in whole or in part through a
efine	d set of participating providers under contract with the health insurance issuer] "Health care
ervic	e", the same meaning given to the term in section 376.1350;
	(4) "Health carrier", the same meaning given to the term in section 376.1350. The term
healt	n carrier" shall also include any entity described in subdivision (4) of section 354.700;
	(5) "Participating provider", a provider who, under a contract with a contracting entity, has
gree	to provide [dental] health care services with an expectation of receiving payment, other than
oinsu	rance, co-payments or deductibles, directly or indirectly from the contracting entity;
	[(5)] (6) "Provider", any person licensed under section 332.071.
	2. A contracting entity [shall not sell, assign, or otherwise] may grant a health benefit plan
	to [the dental services of] a participating [provider under a health care contract unless
-	sly authorized by the health care contract. The health care contract shall specifically provide
	ne purpose of the contract is the selling, assigning, or giving the contracting entity rights to the
	es of the participating provider, including network plans] provider's health care services or
contra	ctual discounts provided in accordance with a contract between a participating provider and a
	cting entity if:

(1) The contract specifically states that the contracting entity may enter into an agreement with third parties allowing the third parties to obtain the contracting entity's rights and responsibilities as if the third party were the contracting entity, and the provider chooses to participate in third-party access at the time the contract is entered into or renewed. If the contracting entity is a health carrier, the third-party access provision of any provider contract shall also specifically state that the contract grants third-party access to the provider network and that the provider has the right to choose not to participate in third-party access;

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- (2) The third party accessing the contract agrees to comply with all of the contract's terms;
- (3) The contracting entity identifies, in writing or electronic form to the provider, all third parties in existence as of the date the contract is entered into or renewed;
- (4) The contracting entity identifies all third parties in existence in a list on its internet website that is updated at least once every ninety days;
- (5) The contracting entity notifies network providers that a new third party is leasing or purchasing the network at least thirty days in advance of the relationship taking effect;
- (6) The contracting entity notifies the third party of the termination of a provider network contract no later than thirty days from the termination date with the contracting entity;
- (7) A third party's right to a provider's discounted rate ceases as of the termination date of the provider network contract;
 - (8) The provider is not already a participating provider of the third-party network; and
- (9) The contracting entity makes available a copy of the provider network contract relied on in the adjudication of a claim to a participating provider within thirty days of a request from the provider.
- 3. [Upon entering a contract with a participating provider and upon request by a participating provider, a contracting entity shall properly identify any third party that has been granted access to the dental services of the participating provider] No provider shall be bound by or required to perform health care services under a provider network contract that has been granted to a third party in violation of the provisions of this section.
- 4. A contracting entity that sells, assigns, or otherwise grants <u>a health benefit plan</u> access to [the dental services of] a participating [provider] provider's health care services shall maintain an internet website or a toll-free telephone number through which the participating provider may obtain information which identifies the [insurance] health carrier to be used to reimburse the participating provider for the covered [dental] health care services.
- 5. A contracting entity that sells, assigns, or otherwise grants <u>a health benefit plan</u> access to a participating provider's [dental] <u>health care</u> services shall ensure that an explanation of benefits or remittance advice furnished to the participating provider that delivers [dental] <u>health care</u> services [under the health care contract] for the health benefit plan identifies the contractual source of any applicable discount.
- 6. [All third parties that have contracted with a contracting entity to purchase, be assigned, or otherwise be granted access to the participating provider's discounted rate shall comply with the

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participating provider's contract, including all requirements to encourage access to the participating provider, and pay the participating provider pursuant to the rates of payment and methodology set forth in that contract, unless otherwise agreed to by a participating provider.

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- 7. A contracting entity is deemed in compliance with this section when the insured's identification card provides information which identifies the insurance carrier to be used to reimburse the participating provider for the covered dental services] (1) The provisions of this section shall not apply if access to a provider network contract is granted to any entity operating in accordance with the same brand licensee program as the contracting entity or to any entity that is an affiliate of the contracting entity. A list of the contracting entity's affiliates shall be made available to a provider on the contracting entity's website.
- (2) The provisions of this section shall not apply to a provider network contract for dental services provided to beneficiaries of any state-sponsored health insurance programs including, but not limited to, MO HealthNet and the state children's health insurance program authorized in sections 208.631 to 208.658."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.