House _____ Amendment NO.____

	Offered By
1	AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 181, Page 10,
2 3	Section 375.1275, Line 46, by inserting after said section and line the following:
3 4	"376.1060. 1. As used in this section, the following terms shall mean:
5	(1) "Contracting entity", any person or entity, including a health carrier, that is engaged in
6	the act of contracting with providers for the delivery of [dental] health care services [or the selling
7	or assigning of dental network plans to other health care entities];
8	(2) ["Identify", providing in writing, by email or otherwise, to the participating provider the
9	name, address, and telephone number, to the extent possible, for any third party to which the
10	contracting entity has granted access to the health care services of the participating provider;
11	(3) "Network plan", health insurance coverage offered by a health insurance issuer under
12	which the financing and delivery of dental services are provided in whole or in part through a
13	defined set of participating providers under contract with the health insurance issuer] "Health care
14	service", the same meaning given to the term in section 376.1350;
15	[(4)] (3) "Health carrier", the same meaning given to the term in section 376.1350. The
16	term "health carrier" shall also include any entity described in subdivision (4) of section 354.700;
17	(4) "Participating provider", a provider who, under a contract with a contracting entity, has
18	agreed to provide [dental] health care services with an expectation of receiving payment, other than
19 20	coinsurance, co-payments or deductibles, directly or indirectly from the contracting entity;
20 21	 (5) "Provider", any person licensed under section 332.071; (6) "Provider network contract" a contract between a contracting entity and a provider that
21	(6) "Provider network contract", a contract between a contracting entity and a provider that specifies the rights and responsibilities of the contracting entity and provides for the delivery and
22	payment of health care services;
23 24	(7) "Third party", a person or entity that enters into a contract with a contracting entity or
25	with another third party to gain access to the health care services or contractual discounts of a
26	provider network contract. "Third party" does not include an employer or other group for whom the
27	health carrier or contracting entity provides administrative services.
28	2. A contracting entity [shall not sell, assign, or otherwise] shall only grant a third party
29	access to [the dental services of] a participating [provider under a health care contract unless
30	expressly authorized by the health care contract. The health care contract shall specifically provide
31	that one purpose of the contract is the selling, assigning, or giving the contracting entity rights to the
32	services of the participating provider, including network plans] provider's health care services or
33	contractual discounts provided in accordance with a contract between a participating provider and a
34	contracting entity and only if:
35	(1) The contract specifically states that the contracting entity may enter into an agreement
36	with a third party allowing the third party to obtain the contracting entity's rights and responsibilities

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1	as if the third party were the contracting entity, and the contract allows the provider to choose not to
2	participate in third-party access at the time the contract is entered into or renewed or when there are
3	material modifications to the contract. The third-party access provision of any provider network
4	contract shall also specifically state that the contract grants third-party access to the provider's health
5	care services and that the provider has the right to choose not to participate in third-party access to
6	the contract or to enter into a contract directly with the third party. A provider's decision not to
7	participate in third-party access shall not permit the contracting entity to cancel or otherwise end a
8	contractual relationship with the provider. When initially contracting with a provider, a contracting
9	entity shall accept a qualified provider even if the provider chooses not to participate in the third-
10	party access provision;
11	(2) The third party accessing the contract agrees to comply with all of the contract's terms;
12	(3) The contracting entity identifies, in writing or electronic form to the provider, all third
13	parties in existence as of the date the contract is entered into or renewed;
14	(4) The contracting entity identifies all third parties in existence in a list on its internet
15	website that is updated at least once every ninety days;
16	(5) The contracting entity notifies providers that a new third party is accessing a provider
17	network contract at least thirty days in advance of the relationship taking effect;
18	(6) The contracting entity notifies the third party of the termination of a provider network
19 20	<u>contract no later than thirty days from the termination date with the contracting entity;</u> (7) A third party's right to a provider's discounted rate ceases as of the termination date of
20 21	the provider network contract;
22	(8) The provider is not already a participating provider of the third party; and
23	(9) The contracting entity makes available a copy of the provider network contract relied on
23 24	in the adjudication of a claim to a participating provider within thirty days of a request from the
25	provider.
26	3. [Upon entering a contract with a participating provider and upon request by a
27	participating provider, a contracting entity shall properly identify any third party that has been
28	granted access to the dental services of the participating provider] No provider shall be bound by or
29	required to perform health care services under a provider network contract that has been granted to a
30	third party in violation of the provisions of this section.
31	4. A contracting entity that sells, assigns, or otherwise grants a third party access to [the
32	dental services of] a participating [provider] provider's health care services shall maintain an internet
33	website or a toll-free telephone number through which the participating provider may obtain
34	information which identifies the [insurance carrier] third party to be used to reimburse the
35	participating provider for the covered [dental] health care services.
36	5. A contracting entity that sells, assigns, or otherwise grants <u>a third party</u> access to a
37	participating provider's [dental] health care services shall ensure that an explanation of benefits or
38	remittance advice furnished to the participating provider that delivers [dental] health care services
39	[under the health care contract] for the third party identifies the contractual source of any applicable
40	discount.
41	6. [All third parties that have contracted with a contracting entity to purchase, be assigned,
42	or otherwise be granted access to the participating provider's discounted rate shall comply with the
43	participating provider's contract, including all requirements to encourage access to the participating
44	provider, and pay the participating provider pursuant to the rates of payment and methodology set
45 46	forth in that contract, unless otherwise agreed to by a participating provider.
46 47	7. A contracting entity is deemed in compliance with this section when the insured's
47 19	identification card provides information which identifies the insurance carrier to be used to
48 49	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
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- 1 accordance with the same brand licensee program as the contracting entity or to any entity that is an
- 2 affiliate of the contracting entity. A list of the contracting entity's affiliates shall be made available
- 3 to a provider on the contracting entity's website.
- 4 (2) The provisions of this section shall not apply to a provider network contract for health
- 5 care services provided to beneficiaries of any state-sponsored health insurance programs including,
- 6 but not limited to, MO HealthNet and the state children's health insurance program authorized in
- 7 sections 208.631 to 208.658."; and
- 8
- 9 Further amend said bill by amending the title, enacting clause, and intersectional references
- 10 accordingly.