

House _____ Amendment NO. _____

Offered By

1 AMEND House Bill No. 2075, Page 27, Section 332.760, Line 6, by inserting after all of said
2 section and line the following:

3
4 "376.427. 1. As used in this section, the following terms mean:

5 (1) "Health benefit plan", as such term is defined in section 376.1350. The term health
6 benefit plan shall also include a prepaid dental plan, as defined in section 354.700;

7 (2) "Health care services", medical, surgical, dental, podiatric, pharmaceutical, chiropractic,
8 licensed ambulance service, and optometric services;

9 (3) "Health carrier" or "carrier", as such term is defined in section 376.1350. The term
10 health carrier or carrier shall also include a prepaid dental plan corporation, as defined in section
11 354.700;

12 (4) "Insured", any person entitled to benefits under a contract of accident and sickness
13 insurance, or medical-payment insurance issued as a supplement to liability insurance but not
14 including any other coverages contained in a liability or a workers' compensation policy, issued by
15 an insurer;

16 (5) "Insurer", any person, reciprocal exchange, interinsurer, fraternal benefit society, health
17 services corporation, self-insured group arrangement to the extent not prohibited by federal law,
18 prepaid dental plan corporation as defined in section 354.700, or any other legal entity engaged in
19 the business of insurance;

20 (6) "Provider", a physician, hospital, dentist, podiatrist, chiropractor, pharmacy, licensed
21 ambulance service, or optometrist, licensed by this state.

22 2. Upon receipt of an assignment of benefits made by the insured to a provider, the insurer
23 shall issue the instrument of payment for a claim for payment for health care services in the name of
24 the provider. All claims shall be paid within thirty days of the receipt by the insurer of all
25 documents reasonably needed to determine the claim.

26 3. Nothing in this section shall preclude an insurer from voluntarily issuing an instrument of
27 payment in the single name of the provider.

28 4. Except as provided in subsection 5 of this section, this section shall not require any
29 insurer, health services corporation, prepaid dental plan as defined in section 354.700, health
30 maintenance corporation or preferred provider organization which directly contracts with certain

Action Taken _____ Date _____

1 members of a class of providers for the delivery of health care services to issue payment as provided
2 pursuant to this section to those members of the class which do not have a contract with the insurer.

3 5. When a patient's health benefit plan does not include or require payment to out-of-
4 network providers for all or most covered services, which would otherwise be covered if the patient
5 received such services from a provider in the health benefit plan's network, including but not limited
6 to health maintenance organization plans, as such term is defined in section 354.400, or a health
7 benefit plan offered by a carrier consistent with subdivision (19) of section 376.426, payment for all
8 services shall be made directly to the providers when the health carrier has authorized such services
9 to be received from a provider outside the health benefit plan's network.

10 6. Payments made to providers under this section shall be subject to the provisions of
11 section 376.383."; and

12
13 Further amend said bill by amending the title, enacting clause, and intersectional references
14 accordingly.