

FIRST REGULAR SESSION

HOUSE BILL NO. 626

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE KELLEY.

1811H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal section 376.446, RSMo, and to enact in lieu thereof one new section relating to health insurance reimbursement.

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

Section A. Section 376.446, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.446, to read as follows:

376.446. 1. **Immediately upon the written or oral request of an enrollee, a health carrier shall permit individuals an enrollee to learn:**

(1) The amount of cost-sharing, including deductibles, copayments, and coinsurance, under the individual's enrollee's health benefit plan or coverage that the individual enrollee would be responsible for paying with respect to the furnishing of a specific item or service by a participating provider ~~in a timely manner upon the request of the individual~~; and

(2) **If the enrollee provides a specific billing code for a health care service:**

(a) **The reimbursement amount, expressed in dollars and not as a percentage, that the health carrier will pay a participating provider for the health care service; and**

(b) **The reimbursement amount, expressed in dollars and not as a percentage, that the health carrier will pay the enrollee for the health care service if the health care service is not delivered by a participating provider.**

2. At a minimum, ~~such~~ the information described in subsection 1 of this section shall be made available to ~~such individual~~ the enrollee through an internet website and such other means for individuals enrollees without access to the internet.

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.

17 **3.** As used in this section, the terms "**enrollee**", "health carrier" ~~[and]~~, "health benefit
18 ~~[plans]~~ **plan**", "**health care service**", and "**participating provider**" shall have the same
19 meanings assigned to them in section 376.1350.

20 ~~[2.]~~ **4.** This section shall not apply to a supplemental insurance policy, including a life
21 care contract, accident-only policy, specified disease policy, hospital policy providing a fixed
22 daily benefit only, Medicare supplement policy, long-term care policy, hospitalization-
23 surgical care policy, short-term major medical policy of six months or less duration, or any
24 other supplemental policy.

25 ~~[3. The provisions of subsections 1 and 2 shall become effective on January 1, 2014.]~~

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