

FIRST REGULAR SESSION

SENATE BILL NO. 24

91ST GENERAL ASSEMBLY

INTRODUCED BY SENATOR SINGLETON.

Pre-filed December 1, 2000, and 1,000 copies ordered printed.

TERRY L. SPIELER, Secretary.

0361S.021

AN ACT

To amend chapter 376, RSMo, by adding thereto three new sections relating to health insurance.

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

Section A. Chapter 376, RSMo, is amended by adding thereto three new sections, to be known as sections 376.1405, 376.1406 and 376.1408, to read as follows:

376.1405. 1. Every health insurance carrier offering policies of insurance in this state shall use the explanation of Medicare benefits Part B (EMOB) form for the explanation of benefits given to the health care provider whenever a claim is paid or denied. As used in this section, the term "health insurance carrier" shall have the meaning given to "health carrier" in section 376.1350. Nothing in this section shall apply to accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care or other limited benefit health insurance policies.

2. All health insurance carriers shall use the explanation of Medicare benefits Part B (EMOB) form after January 1, 2003.

376.1406. 1. Every health care provider and health carrier that conducts business in this state by contract shall use a standardized form for referrals. The standardized referral form shall be used in lieu of any specific referral form developed by a health carrier for the referral process. As used in this section, the terms "health care provider" and "health carrier" shall have the meaning given to them in section 376.1350.

2. The referral form developed by the task force as established in section 376.1408 shall contain, but not be limited to, the following:

- (1) The name of the insured;**
- (2) Place of employment;**

- (3) The name, address and phone number of the health carrier;**
- (4) The identification number and group number of the insured;**
- (5) The type of referral;**
- (6) The name, address and phone number of the health care provider referring the insured;**
- (7) The name, address, and phone number of the health care provider of whom the insured was referred to;**
- (8) The number of visits requested and authorized; and**
- (9) The health carrier's authorization number.**

3. All health care providers and health carriers shall use the standardized referral form after January 1, 2003.

376.1408. 1. The department of insurance shall establish a task force to develop the standardized forms required by section 376.1406. The task force shall meet for soliciting information to develop the standardized forms. The task force shall consist of the following members:

- (1) Three health care providers;**
- (2) Three representatives from the insurance industry; and**
- (3) Three members from the general public.**

2. No member of the task force shall receive compensation for the performance of duties related to the task force but shall be reimbursed for reasonable and necessary expenses incurred in the performance of such duties.

3. The department of insurance shall have the task force established by January 1, 2002.

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