

SECOND REGULAR SESSION

# SENATE BILL NO. 614

90TH GENERAL ASSEMBLY

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INTRODUCED BY SENATOR SINGLETON.

Pre-filed December 1, 1999, and 1,000 copies ordered printed.

2784S.011

TERRY L. SPIELER, Secretary.

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## AN ACT

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

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*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 a standardized 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. The standardized form developed by the task force as established in section 376.1408 shall contain the following:**

- (1) The name of the insured;**
- (2) The insured's identification number;**
- (3) The date of service;**
- (4) Amount of charge;**
- (5) Explanation for any denial;**
- (6) The amount paid and any balance due;**
- (7) The procedure code;**
- (8) The patient's full name; and**
- (9) The phone number and name of whom to contact for questions on explanation of benefits.**

**3. All health insurance carriers shall use the standard explanation of benefits**

form after January 1, 2002.

**376.1406. 1.** Every health care provider and health carrier that conducts business in this state 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 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, 2002.

**376.1408. 1.** The department of insurance shall establish a task force to develop the standardized forms required by sections 376.1405 and 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, 2001.

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