

SECOND REGULAR SESSION

SENATE BILL NO. 665

90TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SCHNEIDER.

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

3001S.011

TERRY L. SPIELER, Secretary.

AN ACT

To repeal section 376.383, RSMo Supp. 1999, relating to certain health care providers, and to enact in lieu thereof one new section relating to the same subject.

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

Section A. Section 376.383, RSMo Supp. 1999, is repealed and one new section enacted in lieu thereof, to be known as section 376.383, to read as follows:

376.383. 1. To the extent consistent with the Employee Retirement Income Security Act of 1974 (ERISA), 29 U.S.C. 1001, et seq., this section shall apply to any health insurer as defined in section 376.806, RSMo, any nonprofit health service plan and any health maintenance organization.

2. Within forty-five days after receipt of a claim for reimbursement from a person entitled to reimbursement, a health insurer, nonprofit health service plan or health maintenance organization shall pay the claim in accordance with this section or send a notice of receipt and status of the claim that states:

(1) That the insurer, nonprofit health service plan or health maintenance organization refuses to reimburse all or part of the claim and the reason for the refusal; or

(2) That additional information is necessary to determine if all or part of the claim will be reimbursed and what specific additional information is necessary.

3. If an insurer, nonprofit health service plan or health maintenance organization fails to [comply with subsection 2 of this section] **pay a claim from a person entitled to reimbursement**, the insurer, nonprofit health service plan or health maintenance organization shall pay interest on the amount of the claim that remains unpaid forty-five days after the claim

EXPLANATION--Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

is filed at the monthly rate of one percent **calculated from the date that the claim was filed**. The interest paid pursuant to this subsection shall be included in any late reimbursement without the necessity for the person that filed the original claim to make an additional claim for that interest.

4. Within ten days after the day on which all additional information is received by an insurer, nonprofit health service plan or health maintenance organization, it shall pay the claim in accordance with this section or send a written notice that:

- (1) States refusal to reimburse the claim or any part of the claim; and
- (2) Specifies each reason for denial.

An insurer, nonprofit health service plan or health maintenance organization that fails to comply with this subsection shall pay interest on any amount of the claim that remains unpaid at the monthly rate of one percent.

5. A provider who is paid interest under this section shall pay the proportionate amount of said interest to the enrollee or insured to the extent and for the time period that the enrollee or insured had paid for the services and for which reimbursement was due to the insured or enrollee.

[6. This section shall become effective April 1, 1999.]

Bill ✓

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