

SECOND REGULAR SESSION

SENATE BILL NO. 515

96TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SCHAAF.

Pre-filed December 5, 2011, and ordered printed.

TERRY L. SPIELER, Secretary.

4334S.011

AN ACT

To repeal section 374.184, RSMo, and to enact in lieu thereof one new section relating to health insurance.

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

Section A. Section 374.184, RSMo, is repealed and one new section
2 enacted in lieu thereof, to be known as section 374.184, to read as follows:

374.184. 1. The director of the department of insurance, financial
2 institutions and professional registration shall prescribe by rule[.];

3 **(1)** After due consultation with providers of health care or treatment and
4 their respective licensing boards, [accident and sickness insurers, health services
5 corporations and health maintenance organizations,] and after a public hearing,
6 uniform claim forms for reporting by health care providers. Such prescribed
7 forms shall include but need not be limited to information regarding the medical
8 diagnosis, treatment and prognosis of the patient, together with the details of
9 charges incident to the providing of such care, treatment or services, sufficient for
10 the purpose of meeting the proof requirements of an accident and sickness
11 insurance or hospital, medical or dental services contract. Such prescribed forms
12 shall be based upon the UB-82 form, with respect to hospital claims, and the
13 HCFA 1500 form, with respect to physician claims, as such forms are modified or
14 amended from time to time by the National Uniform Billing Committee or the
15 federal Health Care Financing Administration; **and**

16 **(2)** After due consultation with accident and sickness insurers,
17 health services corporations, health maintenance organizations, and
18 insurance producers, and after a public hearing, uniform application
19 forms for group health insurance policies.

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

20 2. The adoption of any uniform claim forms **or uniform application**
21 **forms** by the director pursuant to this section shall not preclude an insurer,
22 health services corporation, or health maintenance organization from requesting
23 any necessary additional information in connection with a claims investigation
24 from the claimant, provider of health care or treatment, or certifier of coverage,
25 **or in connection with an application for insurance from the**
26 **applicant.** The provisions of this section shall not be deemed or construed to
27 apply to electronic claims submission. Insurers and providers may by contract
28 provide for modifications to the uniform billing document where both insurers and
29 providers feel that such modifications streamline claims processing procedures
30 relating to the claims of the insurer involved in such contract
31 modification. However, a refusal by the provider to agree to modification of the
32 uniform billing format shall not be used by the insurer as grounds for refusing
33 to enter into a contract with the provider for reimbursement or payment for
34 health services rendered to an insured of the insurer.

35 3. Rules adopted or promulgated pursuant to this act shall be subject to
36 notice and hearing as provided in chapter 536. The regulations so adopted shall
37 specify an effective date, which shall not be less than one hundred eighty days
38 after the date of adoption, after which no accident and sickness insurer, health
39 services corporation or health maintenance organization shall require providers
40 of health care or treatment to complete forms differing from those prescribed by
41 the director pursuant to this section, [and] after which no health care provider
42 shall submit claims except upon such prescribed forms; provided that the
43 provisions of this section shall not preclude the use by any insurer, health
44 services corporation or health maintenance organization of the UB-82 form or the
45 HCFA 1500 form, **and after which no insurer shall require applicants for**
46 **insurance coverage to complete forms differing from those prescribed**
47 **by the director under this section.**

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