

SENATE BILL NO. 1504

103RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR HENDERSON.

6485S.011

KRISTINA MARTIN, Secretary

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to payments to ambulance providers.

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

Section A. Chapter 376, RSMo, is amended by adding thereto
2 one new section, to be known as section 376.684, to read as
3 follows:

376.684. 1. As used in this section, unless the
2 context indicates otherwise, the following terms mean:

3 (1) "Ambulance provider", any ambulance service, as
4 defined in section 190.100. The term "ambulance provider"
5 shall not include an air ambulance provider;

6 (2) "Clean claim", a claim that has no defect or
7 impropriety, including any lack of required substantiating
8 documentation or particular circumstance requiring special
9 treatment that prevents timely payment from being made on
10 the claim;

11 (3) "Covered services", those emergency ambulance
12 services that an enrollee is entitled to receive under the
13 terms of a health benefit plan;

14 (4) "Enrollee", the same meaning given to the term in
15 section 376.1350;

16 (5) "Health benefit plan", the same meaning given to
17 the term in section 376.1350;

18 (6) "Health carrier", the same meaning given to the
19 term in section 376.1350;

20 (7) "Out-of-network ambulance provider", an ambulance
21 provider that does not contract with the health carrier of
22 the enrollee receiving the covered services.

23 2. The minimum allowable reimbursement rate under any
24 health benefit plan issued by any health carrier to an out-
25 of-network ambulance provider for providing emergency
26 services shall be:

27 (1) At the rates set or approved, whether in contract
28 or ordinance, by a local governmental entity in the
29 jurisdiction in which the covered services originate, or as
30 provided for in section 190.105; or

31 (2) In the absence of rates as provided in subdivision
32 (1) of this subsection, three hundred twenty-five percent of
33 the current published rate for ambulance services, as
34 established by the Centers for Medicare and Medicaid
35 Services under Title XVIII of the Social Security Act for
36 the same service provided in the same geographic area, or
37 the ambulance provider's billed charges, whichever is less.

38 3. Payment made in compliance with this section shall
39 be considered payment in full for the covered services
40 provided, except for any co-payment, coinsurance,
41 deductible, and other cost-sharing amounts required to be
42 paid by the enrollee. An ambulance provider is prohibited
43 from billing the enrollee for any additional amounts for
44 paid covered services.

45 4. All co-payment, coinsurance, deductible, and other
46 cost-sharing amounts provided by subsection 3 of this
47 section shall not exceed the in-network co-payment,
48 coinsurance, deductible, and other cost-sharing amounts for
49 the covered services received by the enrollee.

50 5. A health carrier shall, within thirty days after
51 receipt of a clean claim for covered services, promptly
52 remit payment for ambulance services directly to the
53 ambulance provider and shall not send payment to an enrollee.

54 6. If the claim is not a clean claim, the health
55 carrier shall, within thirty days after receipt of the
56 claim, send a written notice acknowledging the date of the
57 receipt of the claim and shall specify:

58 (1) That the health carrier is declining to pay all or
59 part of the claim and the specific reason or reasons for the
60 denial; or

61 (2) That additional information is necessary to
62 determine if all or part of the claim is payable and the
63 specific additional information that is required.

64 7. To the extent that this section conflicts with
65 section 376.690 or any other provision of law, this section
66 shall prevail.

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