

HB 1645 -- HOSPITAL LIENS

SPONSOR: McGaugh

If a patient provides proof of insurance coverage under a health benefit plan within 30 days of the patient's discharge, this bill requires a hospital, clinic, or other institution to submit all charges to the patient's health carrier or health benefit plan prior to filing the notice of the lien under Section 430.240, RSMo. The patient's health carrier or health benefit plan must not deny payment for services received on the basis that a third party or other insurance carrier is responsible for the patient's injuries. These provisions must not prohibit a hospital, clinic, or other institution from filing notice of a lien for the amount owed to the hospital, clinic, or other institution due to patient responsibility, including charges for services not covered under the health benefit plan, deductibles, co-payments, coinsurance, or other cost-share amounts.

If at any time after the filing of the notice of the lien a hospital, clinic, or other institution receives health benefit plan information regarding a patient, the hospital, clinic, or other institution must not be required to withdraw notice of the lien but must submit its charges to the health carrier or health benefit plan.

The bill prohibits a hospital, clinic, or other institution from seeking from the patient or the patient's representative payment for any amount of its charges that exceed the patient's financial obligation to the hospital, clinic, or other institution under the terms of any health benefit plan. The lien must be reduced by the amount of any benefits to which the patient is entitled under the terms of any contract or health benefit plan and must reflect credits for all payments, contractual adjustments, write-offs, and any other benefit in favor of the patient after the hospital, clinic, or other institution has made all reasonable efforts to pursue the insurance claims in cooperation with the patient.

If a hospital, clinic, or other institution fails to submit its charges to an insured patient's health carrier or health benefit plan or otherwise fails to pursue a health insurance claim, the amount of the lien must be reduced by the contracted discount or other limitation which would have been applied had the claim been submitted for reimbursement to the health carrier or administrator of the health benefit plan.