

HCS HB 2125 -- RIGHT TO SHOP ACT (Helms)

COMMITTEE OF ORIGIN: Standing Committee on Health and Mental Health Policy

This bill creates the "Right to Shop Act." The bill defines a "patient" as any person covered by the Missouri Consolidated Health Care Plan (MCHCP) or a health care plan offered by the Department of Transportation or the Department of Conservation.

The bill requires a health care provider to disclose within two business day the allowed amount or the amount that will be charged for a nonemergency admission, procedure, or service if requested by a patient or prospective patient. Additionally, the health care provider must disclose enough information regarding the proposed nonemergency admission, procedure, or service so that the patient can receive a cost estimate from his or her insurance carrier. If a health care provider is unable to quote a specific amount due to an inability to predict the specific treatment or diagnostic code, the provider must disclose what is known for the estimated amount, the incomplete nature of the estimate, and the ability of the patient or perspective patient to obtain an updated estimate once additional information is determined.

The bill requires each health plan to develop and implement a pilot program that provides incentives for health plan non-Medicare primary members who elect to receive health care services from a lower cost provider. The incentives can be calculated as a percentage of the difference in price, as a flat dollar amount, or by some other reasonable methodology. Each health carrier must make the incentive program available as a component of all health plans offered in Missouri and must provide notice of the program to enrollees. The pilot program must operate for at least five years and must be implemented no later than 2020.

If an enrollee chooses to receive a health care service from an out-of-network provider that results in a savings incentive payment, the health carrier must apply the amount paid for the health care service toward the enrollee's member cost sharing.

Each health carrier must annually file with the General Assembly a report outlining the program usage, as outlined in the bill.