

1 HOUSE BILL NO. 241

2 INTRODUCED BY M. MILLER

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4 A BILL FOR AN ACT ENTITLED: "AN ACT REQUIRING THE DEPARTMENT OF PUBLIC HEALTH AND
5 HUMAN SERVICES TO PROVIDE STATEMENTS TO MEDICAID RECIPIENTS DETAILING THE TYPE AND
6 COST OF MEDICAL SERVICES PROVIDED; PROVIDING EXCEPTIONS; AND PROVIDING RULEMAKING
7 AUTHORITY."

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9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

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11 NEW SECTION. **Section 1. Department to provide explanation of benefits -- exceptions --**
12 **rulemaking authority.** (1) (a) Except as provided in subsection (2), the department shall provide an explanation
13 of benefits at least once each calendar quarter to individuals enrolled in the medicaid program provided for in Title
14 53, chapter 6, part 1.

15 (b) The explanation of benefits must reflect claims submitted for payment or reimbursement of services
16 authorized under 53-6-101 if the payment or reimbursement exceeds \$500 in the calendar quarter.

17 (2) The department shall provide the explanation of benefits to each recipient unless:

18 (a) the recipient is receiving medicaid because the individual has a developmental disability as defined
19 in 53-20-102;

20 (b) the services were provided by a long-term care facility, as defined in 50-5-101, to a resident of the
21 facility; or

22 (c) the services were for treatment of chemical dependency as defined in 53-24-103 or of a serious
23 emotional disturbance or a severe disabling mental illness as defined by the department by rule.

24 (3) The explanation of benefits must be sent to:

25 (a) the individual to whom the services were provided; or

26 (b) the parent, legal guardian, or specified caretaker relative, as defined by the department by rule, who:

27 (i) submitted the medicaid application on behalf of the individual to whom the services were provided;

28 or

29 (ii) has responsibility for the individual.

30 (4) (a) An explanation of benefits must contain language in at least 12-point type that is placed in a

1 prominent location and that clearly advises that:

2 (i) the statement is not a bill and is only a description of the services and the cost of the services that the
3 recipient received;

4 (ii) the recipient does not need to pay the total amount shown on the statement but may receive a bill from
5 the provider of the service for any required deductibles, copayments, or coinsurance; and

6 (iii) the recipient or the recipient's parent, legal guardian, or specified caretaker relative should notify the
7 department if the statement lists a service that was not received or contains a charge that does not appear
8 accurate.

9 (b) The explanation of benefits must, at a minimum, provide a phone number that may be used to report
10 an error or question a charge.

11 (5) The department shall develop rules that may include but are not limited to rules concerning the format
12 of the explanation of benefits, the information to be included in the explanation, and the frequency with which
13 explanations of benefits will be provided to recipients.

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15 **NEW SECTION. Section 2. Codification instruction.** [Section 1] is intended to be codified as an
16 integral part of Title 53, chapter 6, part 1, and the provisions of Title 53, chapter 6, part 1, apply to [section 1].

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