63rd Legislature HB0544.02

1	HOUSE BILL NO. 544
2	INTRODUCED BY S. REICHNER
3	
4	A BILL FOR AN ACT ENTITLED: "AN ACT REVISING PERMISSIBLE AND MANDATORY PROVISIONS IN
5	PREFERRED PROVIDER AGREEMENTS, INSURANCE POLICIES, AND SUBSCRIBER CONTRACTS;
6	REMOVING REIMBURSEMENT LIMITATIONS IF A PROVIDER NETWORK IS DETERMINED TO BE
7	ADEQUATE; AND AMENDING SECTION 33-22-1706, MCA."
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9	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
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11	Section 1. Section 33-22-1706, MCA, is amended to read:
12	"33-22-1706. Permissible and mandatory provisions in provider agreements, insurance policies,
13	$\textbf{and subscriber contracts.} \ (1) \ A \ provider \ agreement, insurance \ policy, or \ subscriber \ contract \ is sued \ or \ delivered$
14	in this state may contain <del>certain other</del> components designed to control the cost and improve the quality of health
15	care for insureds and subscribers, including: as provided in this part.
16	(2) All terms or conditions of an insurance policy or subscriber contract, except those already approved
17	by the commissioner, are subject to the prior approval of the commissioner.
18	(3) Provisions designed to control cost and improve the quality of health care under this section include
19	but are not limited to those
20	(a) a provision setting that set a payment difference for reimbursement of a nonpreferred provider as
21	$compared \ to \ a \ preferred \ provider \ \underline{and \ those \ designed \ to \ give \ policyholders \ or \ subscribers \ an \ incentive \ to \ choose}$
22	a particular provider consistent with the other provisions of this part. If the
23	(4) (a) A health benefit plan that contains a payment difference provision, and that the commissioner has
24	determined to have an adequate provider network is not subject to subsection (4)(b).
25	(b) A health benefit plan that contains a payment difference provision and has not been determined to
26	have an adequate provider network may not exceed a 25% the payment difference may not exceed 25% of in
27	the reimbursement level $\frac{1}{2}$ a preferred provider, $\frac{1}{2}$ and $\frac{1}{2}$ would be reimbursed. The commissioner shall
28	$review \ differences \ between \ copayments, \ deductibles, \ and \ other \ cost-sharing \ arrangements \ \underline{under this \ subsection}$
29	<u>(4)(b)</u> .
30	(C) FOR THE PURPOSES OF THIS SUBSECTION (4), A PROVIDER NETWORK IS ADEQUATE IF:

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1	(I) THE NETWORK INCLUDES AT LEAST 80% OF THE LICENSED INDIVIDUAL PHYSICIANS ACTIVELY PRACTICING IN
2	THE STATE OF MONTANA;
3	(II) THE NETWORK INCLUDES AT LEAST 80% OF THE LICENSED INDIVIDUAL NONPHYSICIAN HEALTH CARE
4	PROVIDERS ACTIVELY PRACTICING IN THE STATE OF MONTANA; AND
5	(III) THE NETWORK INCLUDES AT LEAST 90% OF THOSE FACILITIES LICENSED AND OPERATING AS HOSPITALS IN
6	THE STATE OF MONTANA.
7	(b) conditions, not inconsistent with other provisions of this part, designed to give policyholders or
8	subscribers an incentive to choose a particular provider.
9	(2) All terms or conditions of an insurance policy or subscriber contract, except those already approved
10	by the commissioner, are subject to the prior approval of the commissioner.
11	(3)(5) A health benefit plan or other plan offering prepaid dental services under this part must shall offer
12	its insureds the right to obtain dental care from any licensed dental care provider of their choice, subject to the
13	same terms and conditions imposed under subsection (1) this section."
14	- END -

