

SENATE BILL NO. 297

INTRODUCED BY ARNTZEN, KNUDSEN

A BILL FOR AN ACT ENTITLED: "AN ACT ESTABLISHING LIMITATIONS ON THE PAYMENTS NEGOTIATED FOR PREFERRED PROVIDER AGREEMENTS; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE ~~AND A RETROACTIVE APPLICABILITY DATE.~~"

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

NEW SECTION. Section 1. Limitations of preferred provider agreements. (1) Notwithstanding any other provision of law, a provider who has entered into a preferred provider agreement pursuant to this part WITH A PERSON AS DEFINED IN 33-1-202 is not required to provide a discount or accept payment at the rate agreed to in the preferred provider agreement for health care services that are provided to an insured individual if the payment for the services is made directly or indirectly or is otherwise required to be made:

(a) under casualty insurance as described in 33-1-206; OR

(b) under property insurance as described in 33-1-210; ~~or~~

~~(c) by a plan sponsor as defined in 33-22-140.~~

(2) INSURANCE PAYMENTS MADE TO A PROVIDER OF HEALTH CARE SERVICES UNDER SUBSECTION (1) MUST BE PAID ACCORDING TO THE TERMS OF THE APPLICABLE POLICY OR IN ACCORDANCE WITH ANY WRITTEN AGREEMENT OR CONTRACT EXISTING BETWEEN THE PROVIDER AND THE INSURER OR A PERSON CONTRACTUALLY ENGAGED BY THE INSURER TO PERFORM SERVICES OR AN INSURANCE FUNCTION FOR THE INSURER. THIS SECTION DOES NOT PROHIBIT NEGOTIATIONS REGARDING THE AMOUNT OF THE BILLED CHARGES OR A REASONABLE REQUEST FOR ADDITIONAL INFORMATION OR DOCUMENTS IN ORDER TO EVALUATE THE CLAIM.

(3) AN INSURER MAKING PAYMENT ON A CLAIM UNDER A DISABILITY INSURANCE POLICY, MEMBER CONTRACT, HEALTH BENEFIT PLAN, GROUP HEALTH PLAN, BLANKET DISABILITY INSURANCE POLICY AS DEFINED IN 33-22-601, OR OTHER MEDICAL COVERAGE SHALL CREDIT TOWARD SATISFACTION OF THE INSURED'S DEDUCTIBLE, COPAYMENT, OR COINSURANCE, IF ANY, ANY PAYMENT MADE BY A CASUALTY OR PROPERTY INSURER BUT ONLY IF THE PAYMENT TO BE CREDITED IS APPLIED TO A COVERED MEDICAL EXPENSE UNDER THE TERMS OF THE APPLICABLE HEALTH POLICY.

~~(2)~~(4) The provisions of this section apply regardless of whether the insured may be considered a third-party beneficiary of the preferred provider agreement.

