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LD 2105—An Act To Protect Consumers from Surprise Emergency Medical Bills

Definitions

"Knowingly elected to obtain the services from an out-of-network provider"—An enrollee can choose an out-of-network provider outside of the enrollee's health plan, but must be clearly informed of the opportunity to receive services from an in-network provider

Add definition of "Visit."

Amendments to balance billing law

If an out-of-network provider receives a payment non allowed by law for providing services covered under patient's plan, the out-of-network provider shall reimburse the enrollee within 30 calendar days.* *the earliest date between when the provider received notice of the overpayment or the date the provider became aware of the overpayment.

If an out-of-network provider fails to reimburse for an overpayment, the provider shall pay interest on the overpayment at the rate of 10% per annum

Adds uninsured patients and those covered by self-insured plans due Surprise Billing Law

An uninsured patient who has received a surprise bill from a provider for one or more health care services rendered during a single visit totaling $750 or more may dispute the bill and request resolution. An independent dispute resolution entity under the law will resolve the dispute over the surprise bill shall select either the out-of-network provider's fee or the uninsured patient's proposed payment amount. In the case of emergency or other medically necessary care, an uninsured patient may not be charged by a provider more than the amounts generally billed to a patient who has insurance. The bill also addresses claims covering more than one health care service rendered during a single visit.

A patient covered by a self-insured plan who has received a surprise bill may also dispute the bill and request resolution of the dispute using the independent dispute process.

Provides recourse for an out-of-network provider that disagrees with a carrier's payment amount

They have 30 calendar days to negotiate payment may and out-of-network provider may submit a dispute for formal dispute resolution if an agreement is not reached.

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Superintendent of Insurance to establish an independent dispute resolution process

The dispute resolution entity shall select either the carrier's payment or the out-of-network provider's fee under the guidelines outlined in the bill and within 30 days. The entity may direct both parties to attempt a good faith negotiation for settlement if the difference between requested payment and the reimbursement fee are too extreme. Payment for the dispute resolution process will be paid by whatever entity (carrier or out-of-network provider) loses the resolution process.

The Superintendent will submit an annual report outlining the number of dispute resolution requests, percentage of all claims subject to dispute, how many were in favor of the carrier vs the out-of-network provider, the category and practice specialty of the OONP, a description of services rendered, the number of physician specialists practicing in the State in a particular specialty and whether they are in network or out of network, and additional reporting measures.

Adds emergency services to the definition of surprise bill

Current law excluded emergency services.

Emergency services reimbursement

The patient's responsibility for payment on any surprise bill for emergency services for covered out-of-network emergency services must be limited so that if the patient has paid their share of the charge as specified in the plan for in-network services, the carrier shall hold them harmless from any additional amount owed to an out-of-network provider for covered emergency services and make payment to the out-of-network provider. A carrier shall reimburse the out-of-network provider or enrollee at the average network rate under the plan as payment in full, unless the carrier and out-of-network provider agree otherwise.