

Balance Billing Bans -State Statutes

I-14

State	Statute	Key Provisions	Dispute Resolution Provison	Other Info/Comments
Connecticut	369-20-7f	It shall be an unfair trade practice in violation of chapter 735a for any health care provider to request payment from an enrollee, other than a copayment or deductible, for medical services covered under a managed care plan.		
Colorado	10-16-704(3)	The bill "holds consumers harmless for charges over and above the in-network rates for services rendered in a network facility, including services or treatment by an out-of network provider.	none	
Delaware	18-3565	All individual and group health insurance policies shall provide that persons covered under those policies will be insured for emergency care services performed by non-network providers at an agreed-upon or negotiated rate, regardless of whether the physician or provider furnishing the services has a contractual or other arrangement with the insurer to provide items or services to persons covered under the policies.	The Insurance Commissioner adopted regulations concerning arbitration of disputes. Parameters for arbitrator's decision include: Each insurer shall pay non-network providers for each emergency medical care service... an amount equal to the lesser of the non-network provider billed fee for such... service or the highest negotiated rate between the insurer and any network provider for the service based on the appropriate CPT code ..."	Link to Arbitration Regulations
Florida	641.513(5)(6)	Non-par emergency providers must be reimbursed the lesser of the provider's charges, the usual and customary provider charges for similar services in the same geographic area or a negotiated rate.	Through Florida's Agency for Health Care Admin., a private dispute resolution firm, has 60 days to recommend a solution to the Agency, and the Agency has 30 days to issue a final order based on the recommendation. The non-prevailing party pays for the costs of the review.	Emergency providers and groups in the state generally feel the independent resolution system has led to a substantial delay in fair payment, an increase in lawsuits, and providers accepting deeply discounted payments.

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Maryland	<u>19-710.1</u>	Individual enrollees and subscribers of HMOs shall not be liable to any health care provider for any covered services provided to the enrollee or subscriber. Physician payment formula for non-par providers: 125% of the rate the HMO pays to a similarly licensed provider in the same geographic area. Trauma care formula: 140% of Medicare or rate paid on January 1, 2000 to similarly licensed provider in the same geographic area.	Appeals can go to the Maryland Insurance Commissioner.	The Maryland chapter reports that the payment formula has been problematic because, contrary to the intent of the law, insurers are selecting single, obscure, signed contracts which may have never actually been utilized to pay any provider and basing non-par payment on these atypical contracts.
Rhode Island	<u>27-41-26</u>	No enrollee is liable to any provider for charges for covered health services, except for amounts due for copayments, when provided or made available to enrolled participants by a licensed health maintenance organization during a period in which premiums were paid by or on behalf of the enrollee.		
West Virginia	<u>33-25A-7a</u>	West Virginia statute holds that no provider (whether participating or non-participating) may balance bill an HMO enrollee if the provider is aware that the patient is an HMO enrollee. For emergency care, HMOs are required to pay the non-par provider's "normal" charges.		