3rd Sub. H.B. 395
HEALTH INSURANCE AMENDMENTS

HOUSE FLOOR AMENDMENTS AMENDMENT 1 MARCH 3, 2017 10:21 AM

Representative **Raymond P. Ward** proposes the following amendments:

1. Page 13, Line 394 through Page 15, Line 430:

(c) {~~(i)~~} Payment to a non-network provider for emergency services shall be the greater of {~~the amount calculated under Subsection (2)(c)(ii) plus 5% of that amount.~~

~~(ii) The amount paid under Subsection (2)(c)(i) shall be the greater of:~~

~~(A)~~} (i) the amount negotiated with in-network providers for the emergency services furnished, excluding any in-network copayment or coinsurance imposed with respect to the enrollee, as provided in Subsection (2)(d)(i); or

{~~(B)~~} (ii) the amount for the emergency services calculated using the same method the managed care organization generally uses to determine payments for out-of-network services, such as the usual, customary, and reasonable amount, excluding any in-network copayment or coinsurance imposed with respect to an enrollee, as provided in Subsection (2)(d)(ii).

(d) (i) If there is more than one amount negotiated with in-network providers for the emergency service under Subsection (2)(c)(i) {~~(A)~~} , the amount is the median of these amounts, excluding any in-network copayment or coinsurance imposed with respect to the enrollee. In determining the median under this Subsection (2)(d)(i), the amount negotiated with each in-network provider is treated as a separate amount, even if the same amount is paid to more than one provider.

(ii) The amount under Subsection (2)(c)(ii) {~~(B)~~} is determined without reduction for out-of-network cost sharing that generally applies under the plan with respect to out-of-network services. For example, if a plan generally pays 70% of the usual, customary, and reasonable amount for out-of-network services, the amount under this Subsection (2)(d)(ii) for an emergency service is 100% of the usual, customary, and reasonable amount for the service, not reduced by the 30% coinsurance that would generally apply to out-of-network services, but reduced by the in-network copayment or coinsurance that the enrollee would be responsible for if the emergency service had been provided in-network.

(e) Payment to a non-network provider for post stabilization care shall be the greater of:

(i) the payment required under the applicable provisions of 45 C.F.R. Sec. 147.138; or

(ii) 100% of the in-network allowed amount for the patient's insurance plan.

(3) (a) **As used in this Subsection (3), "allowed charges benchmark" means the median of the distribution of payments made by insurers for an emergency service provided within a market area, as determined using a database of insurance claims data designated by the commissioner.**

(b) Except as provided in Subsection (8), a non-network provider who is reimbursed under Subsection (2)(c) or (2)(e) may not balance bill an enrollee in excess of the amount under this Subsection (3).

{ ~~**(b) A non-network provider may balance bill an enrollee for emergency services in an amount that is the lesser of:**~~

~~**(i) 10% above the amount allowed under Subsection (2)(c) for the emergency services; or**~~

~~**(ii) $5,000.**~~ }

(c) A non-network provider may balance bill an enrollee for an emergency service in an amount not to exceed 130% of the allowed charges benchmark for the service for the market area in which the service was performed less any amounts already paid for the service by the managed care organization or the enrollee.

(d) The commissioner shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act:

(i) designating a database of insurance claims data to be used for determining allowed charges benchmarks, which shall be a database:

(A) developed and maintained in accordance with sound methodologies; and

(B) provided by an independent nonprofit corporation that collects medical and dental insurance claims data nationwide and is able to provide allowed charges benchmarks for multiple market areas within Utah; and

(ii) specifying how market areas shall be determined for purposes of establishing allowed charges benchmarks for emergency services provided within Utah.

{ ~~**(c)**~~ } **(e)** A non-network provider may not balance bill an enrollee for post stabilization