

5th Sub. H.B. 395
HEALTH INSURANCE AMENDMENTS

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

1. *Page 14, Lines 403 through 417:*

- 403 (c) A managed care organization shall pay a non-network provider for emergency
404 services the greater of the amount required in 45 C.F.R. Sec. 147.138 {~~plus 5% of that amount~~} .
- 405 (d) Payment to a non-network provider for post stabilization care shall be the greater
406 of:
- 407 (i) the payment required under the applicable provisions of 45 C.F.R. Sec. 147.138; or
408 (ii) 100% of the in-network allowed amount for the patient's managed care
409 organization plan.
- 410 (3) ~~{(a) Except as provided in Subsection (8), a non-network provider who receives~~
411 ~~payment directly from a payor may not balance bill that payor's enrollee in excess of the~~
412 ~~amount under this Subsection (3):~~
- 413 ~~(b) A non-network provider may balance bill an enrollee for emergency services in an~~
414 ~~amount that is the lesser of:~~
- 415 ~~(i) 10% above the amount allowed under Subsection (2)(c) for the emergency services;~~
416 ~~or~~
- 417 ~~(ii) \$5,000.}~~ (a) As used in this Subsection (3), "allowed charges benchmark" means the 70th
percentile of the distribution of payments made by insurers for an emergency service provided within a
market area, as determined by a database of insurance claims designated by the commissioner.
- (b) Except as provided in Subsection (8), a non-network provider who is reimbursed under
Subsection (2)(c) may not balance bill an enrollee in excess of the amount under this Subsection (3).
- (c) A non-network provider may balance bill an enrollee for an emergency service in an amount
not to exceed 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.