ALASKA STATE LEGISLATURE

Session
State Capitol, Rm. 418
Juneau, AK 99801
(907) 465-3892
Fax: (907) 465-6595

Interim
1500 W. Benson Blvd.
Anchorage, AK 99503
(907) 269-0234
Fax: (907) 269-0238

Rep.Jason.Grenn@akleg.gov

House Finance Committee

Dept. of Law
Finance Subcommittee
Chairman

Dept. of Administration
Finance Subcommittee
Chairman

REPRESENTATIVE JASON GRENN

SECTIONAL ANALYSIS
House Bill 193 ver T

Section 1: Establishes a "Hold Harmless" standard for insurance providers in the situation where a covered person receives medical care from an out-of-network medical provider in an emergency situation. An insurance provider will hold a covered person harmless to ensure that the covered person only pay what would have been paid if the medical provider was an in-network provider.

Outlines the standards to establish the situations where a medical provider cannot balance bill a covered person. An insurance provider shall pay a non-network health care provider if the health care provider renders to a covered person;

- emergency services or treats an emergency medical condition
- services at an in-network facility
- services for which a referral was made by an in-network health care provider to an out-of-network health care provider without the explicit written consent of the covered person.

The covered person is still required to pay the in-network rates for the deductible, coinsurance and copayment. The amount paid by the covered person is required to be counted towards the covered persons deductible.

The final payment determined for the medical provider will subtract any amount paid by the covered person.

The insurance provider is to pay the greater of three possible amounts;

- the median negotiated contract rate generated using the in-network health care providers for the service provided;
- That is equal to the 80th percentile of charges for the services calculated using a method that establishes a statistically credible profile that reflects the general cost differences between the geographical area where the service was preformed and the other geographical areas when performed by a health care provider in the same or similar specialty; or
- That would be paid under Medicare for the service provided.

ALASKA STATE LEGISLATURE

Session
State Capitol, Rm. 418
Juneau, AK 99801
(907) 465-3892
Fax: (907) 465-6595

Interim
1500 W. Benson Blvd.
Anchorage, AK 99503
(907) 269-0234
Fax: (907) 269-0238

Rep.Jason.Grenn@akleg.gov

House Finance Committee

Dept. of Law
Finance Subcommittee
Chairman

Dept. of Administration
Finance Subcommittee
Chairman

REPRESENTATIVE JASON GRENN

Medical providers are required to send all bills to the insurance provider, except for the deductible, coinsurance and copayment.

Contains a clause that if a covered person knowingly elects to use an out-of-network medical provider then they can be balanced billed for the services.

Section 2: Health care insurance plans obtained under AS 39.30.090 or provided under AS 39.30.091 will be subject to the requirements of secs. 21.36.512 and 21.36.513.

Section 3: Bans the practice of "Balance Billing" by a medical provider under the criteria of section 1 of the bill. Stipulates that the medical provider can still bill for the deductible, coinsurance and copayment.

States that a medical provider will be paid according to section 1 of the bill.

Section 4: Establishes the punishment for medical providers under the Unfair Trade Practices and Consumer Protection.