AMENDMENTS TO HOUSE BILL NO. 1862

Sponsor: REPRESENTATIVE ROTHMAN

Printer's No. 2795

Amend Bill, page 4, line 7, by striking out "accurate" and inserting "reasonable".

Amend Bill, page 4, lines 11 through 15, by striking out all of said lines and inserting

(2) In determining whether the payment amount for the health care service rendered by an out-of-network provider is reasonable, the arbitrator shall select either the insurer's or the out-of-network provider's best and final proposal for a reasonable payment amount without change based on which of the amounts is most consistent with the criteria specified under subsection (g).

(g) The determination of the arbitrator in selecting either the insurer's or the out-of-network provider's proposal for a reasonable payment amount shall be based exclusively on the following factors:

(1) If applicable, the previous contract history between the insurer and the out-of-network provider, including any disparities between the insurer's payment for the health care service or the Current Procedural Terminology (CPT) code in dispute and the applicable payment rate for the same health care service or CPT code under any previous contractual agreement as adjusted from the time of the previous contract history.

(2) Whether there is a gross disparity between the out-of-network provider's proposal for a reasonable payment amount for the health care service or CPT code in dispute as compared to the payment received by the out-of-network provider for the same health care service or CPT code from other insurers in which the out-of-network provider is not under contract.

(3) Whether there is a gross disparity in the amount paid by the insurer to the out-of-network provider as compared to the amount paid to other health care providers in the same specialty for the same health care service or CPT code and in the same geographic area which are not under contract with the insurer.

(4) The level of training, education, experience, quality and outcome measurements of the out-of-network provider.
(5) Other relevant economic aspects of the insurer and out-of-network provider payments as adduced by either party in arbitration.

(6) The previous history of arbitration disputes by the parties.

(7) The circumstances and complexity of the particular case, including the insured's medical history and the time, cost and place of the provision of the health care service.

(8) Any final judgment of an award rendered by the arbitrator between the insurer and the out-of-network provider for the same health care service or CPT code within the prior year.

(h) The parties in arbitration may bundle a single health care service type or CPT code in multiple cases between the same insurer and out-of-network provider within 180 days before the date of initiation of an independent dispute resolution.

(i) The arbitration fees shall be paid by the losing party in the arbitration dispute, except if the arbitration dispute is resolved as a result of a negotiation between the parties after the initiation of the arbitration process, the arbitration fees shall be shared equally by the parties.

 Amend Bill, page 4, line 16, by striking out "(g)" and inserting

   (j)