

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

An Act Regarding Hospital Charges and Statements

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §1718-D is enacted to read:

§ 1718-D. Maximum charges for hospital services and procedures

A hospital may not bill an uninsured patient or a patient not covered under a health plan operating under a network agreement between the hospital and the patient's health plan for any inpatient or outpatient service or procedure at a level that exceeds 120% of the average allowable reimbursement rate under Medicare for that service or procedure.

Sec. 2. 24-A MRSA §4303, sub-§21 is enacted to read:

21. Disclosure of hospital charges; right to audit. Prior to enrollment, a carrier offering a health plan in this State shall disclose to a prospective enrollee if the health plan uses a provider network that operates under a provider agreement between a participating provider and the carrier that:

A. Subjects the enrollee to the terms of the provider agreement upon enrollment; and

B. Requires reimbursement for any hospital inpatient and outpatient services and procedures at a level that exceeds 150% of the average allowable reimbursement rate under Medicare for that service or procedure.

A carrier may not deny an enrollee covered by a health plan described in this subsection the right to audit any hospital bill or explanation of benefits form.

SUMMARY

This bill prohibits a hospital from billing an uninsured patient or a patient not covered under a health plan operating under a network agreement between the hospital and the patient's health plan for any inpatient or outpatient service or procedure at a level that exceeds 120% of the average allowable reimbursement rate under Medicare for that service or procedure. The bill requires a carrier to disclose to a prospective enrollee prior to enrollment if a health plan has a provider network that operates under a provider agreement between the participating provider and carrier that subjects an enrollee to the terms of the agreement upon enrollment and that requires reimbursement for any hospital inpatient and outpatient services and procedures at a level that exceeds 150% of the average allowable reimbursement rate under Medicare for that service or procedure. For an enrollee enrolled in that type of health plan, a carrier may not deny the enrollee covered by a health plan the right to audit any hospital bill or explanation of benefits form.