

File Number: H.F. 3893
Version: As introduced

Date: March 26, 2018

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Subject: Price disclosure requirements for health care providers and health plan companies

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Overview

This bill modifies requirements for good-faith estimates of payments for health care services that health care providers and health plan companies must provide to consumers.

Section

1 Disclosure of payments for health care services. Amends § 62J.81.

Subd. 1. Required disclosure by provider. Current law requires a health care provider to provide a consumer with (1) a good faith estimate of the payment the provider has agreed to accept from the consumer's insurer for a health care service or (2) if the consumer has no insurance, a good faith estimate of the average allowable reimbursement the provider accepts as payment for the service from insurers.

A new paragraph (b) also requires a provider to give a consumer information on other types of fees or charges the consumer may have to pay, such as facility fees.

A new paragraph (c) requires providers to give consumers information required under this subdivision within 10 business days from the day the provider receives a complete request from a consumer.

Paragraph (e) prohibits contracts between health plan companies and providers that prohibit a provider from disclosing the price information required by this subdivision (this language is similar to language being stricken in paragraph (a)).

Subd. 1a. Required disclosure by health plan company. Current law requires a health plan company to provide an enrollee with a good-faith estimate of the allowable amount the health plan company will pay a specific provider for a health care service, and the amount due from the enrollee.

A new paragraph (b) requires the information required under this subdivision to be provided by the health plan company within 10 business days from the day a complete request is received.

Subd. 2. Applicability. Specifies that a good faith estimate provided under this section is not a guarantee of final costs for a service, or a final determination of eligibility for coverage or provider network participation.