

HB 1258 -- HEALTH CARE PLANS

SPONSOR: Schroer

This bill requires health carriers to develop a program that provides incentives for enrollees in a health plan who chose to receive health care from a provider who charges less than the average allowed amount paid by the carrier to network providers. The incentive may be calculated as a percentage of the difference saved, a flat dollar amount, or by some other reasonable method. The incentive may be a cash payment or a credit toward a deductible and out-of-pocket limit. The incentive shall be at least 50% of the health carrier's saved costs.

The health carrier may require a person to show that they shopped around to find a provider who charges less for the service they received.

A health carrier must annually provide notice about the program.

A health carrier must file a description of their program with the Department of Insurance, Financial Institutions and Professional Registration and must annually report statistics about the program, as specified in the bill.

The health carrier must make a page on their website that provides the information on the costs of a health care service compared between different network providers.

If a person chooses to receive a health care service from an out-of-network provider at a price that is the same or less than the health carrier's average price for in-network providers, then the health carrier must allow the person to obtain the service from the out-of-network provider at the provider's price. Upon request, the health carrier must also apply the payments made to the deductible and out-of-pocket maximum.

A health care provider must provide a patient with a description of their health care service within two working days so that a patient can receive a cost estimate for out-of-pocket costs from their health carrier. A health provider outside of a patient's insurer network must provide a cost estimate within two working days.