

HOUSE BILL 388

SURPRISE BILLING STRENGTHENING AMENDMENTS

Create a new Sec. 3902.51 (D)(3) to read “any bills, charges or attempts to collect by the facility, or any health care professional involved in the procedure, in excess of the covered person’s in-network cost sharing in the covered person’s health plan is a violation under [applicable code to pursue action against a provider] and should be reported to the covered person’s health plan issuer and the relevant regulatory entity;

Make the current Sec. 3902.51 (E) that starts at line 141 E(1) and make a new E(2) that reads “A health plan issuer shall incorporate into the Explanation of Benefits and all reimbursement correspondence to the covered person and the provider clear and concise notification that inadvertent and involuntary out-of-network charges are not subject to balance billing above and beyond the financial responsibility incurred under the terms of the contract for in-network service. Any attempt by a provider to collect, bill, or invoice funds should be promptly reported to the health plan issuer’s customer service department at the phone number that the carrier shall provide on the Explanation of Benefits and all reimbursement correspondence to the consumer.”