

HOUSE No. 919

The Commonwealth of Massachusetts

PRESENTED BY:

Thomas A. Golden, Jr.

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act relative to reimbursement for non-network ambulance service.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Thomas A. Golden, Jr.	16th Middlesex
David M. Nangle	17th Middlesex
Kevin J. Murphy	18th Middlesex

The Commonwealth of Massachusetts

In the Year Two Thousand and Nine

AN ACT RELATIVE TO REIMBURSEMENT FOR NON-NETWORK AMBULANCE SERVICE.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 176D of the General Laws, as appearing in the 2004 Official Edition, is hereby
2 amended by inserting after Section 3B the following new section:

3 Section 3C. Payers have the following requirements for reimbursement for non-
4 network ambulance service licensed pursuant to MGL c. 111C:

5 (a) Notwithstanding any provision of law to the contrary, no insurance company, employee benefit trust,
6 self-insurance plan, or other entity which is obligated to reimburse the individual or to pay for him or on
7 his behalf the charges for the services rendered by a non-network licensed ambulance service shall pay
8 those benefits to the individual when the claim form submitted to such entity clearly indicates that the
9 individual's rights to those benefits have been assigned to the licensed ambulance service.

10 The insurance company, employee benefit trust, self-insurance plan, or other entity which is obligated to
11 reimburse the individual or to pay for him or on his behalf the charges for the services rendered by a
12 licensed ambulance service, based upon the claim and notice of the assignment of benefits submitted by
13 the ambulance provider, shall remit payment of the claim directly to the licensed ambulance service.

14 If a covered person executes an assignment of benefits and the ambulance service submits notice of that
15 assignment of benefits with its claim for payment, but the payer remits payment of the claim to the
16 covered person, rather than the licensed ambulance service, the claim shall not be considered paid. The
17 payer shall, notwithstanding the incorrect payment of the claim to the covered person, remain liable for
18 remitting payment of the claim to the service provider pursuant to the assignment of benefits.

19 (b) Notwithstanding any provision of law to the contrary, no insurance company, employee benefit
20 trust, self-insurance plan, or other entity which is obligated to reimburse the individual, or to pay for him
21 or on his behalf the charges for the services rendered by a non-network licensed ambulance service shall
22 reimburse the non-network licensed ambulance its usual, customary, and reasonable charges. For
23 purposes of this chapter, “usual, customary, and reasonable charges” are deemed to be the lesser of the
24 licensed ambulance service’s billed charges or charges that do not exceed 300% of the allowable rates
25 published by the Centers for Medicare and Medicaid services at the time of service in the applicable
26 jurisdiction, for the same covered service.

27 (c) Payment by an insurer pursuant to paragraph (b) shall be payment in full for the services
28 provided. A non-network licensed ambulance service reimbursed pursuant to this section shall
29 not charge or seek any reimbursement from, or have any recourse against an insured for the
30 services provided pursuant to this subsection, except for the collection of copayments,
31 coinsurance or deductibles for which the insured is responsible for under the terms of the policy.