

Current status of Out-of-Network bill for Anesthesiologist

ISA has spent a year working on the matter out of network (OON) for Anesthesiologist and seems this matter will continue to be prolonged. As you all aware HB 5085 was signed into law in February of 2011 by the governor. Prior to signing HB 5085; current law allows the OON physician to bill the patient for the difference between what the insurer pays and the amount charged for the services. This is the case for all OON providers whether they are physicians, dentists, podiatrists.

What does HB 5085 do to you?

- Allows the patient to assign the benefit to the physician so that payment will be made directly to the physician.
- Requires the insurer to provide an explanation of benefit (EOB) to the physician that specifies the proposed payment for the services and the required co-payment and/or deductible that is the patient's responsibility.
- States that the physician may only bill for the participating provider co-payment and/or deductible amount.
- States that the OON physician may bill the insurer for the services.
- The insurer may either pay the billed amount or attempt to negotiate reimbursement.
- If attempts to negotiate fail after 30 days from receipt of the EOB, then either party may initiate arbitration.
- *This becomes effective July 1st 2011.*

What has ISA done on HB 5085?

- Negotiation sessions between interested parties at various locations and time period
- Suggested solutions to HB 5085 such as the following
 1. Study and then signed into law (SB 314 by Maryland), demonstrated that payments of 140% of the average rate the insurer paid for the 12-month period that ended on January 1 of the previous calendar year in the same geographic area, for the same covered service, to similarly licensed providers who are hospital-based physicians under contract with the insurer. This language has interest by ISA and the Director of Insurance.
 2. ISA proposed that if arbitrations are to happen for OON bills for services provided by Anesthesiologist, the insurance industry should initiate this or pay the amount charged for the service. Even if arbitration is to occur, only 5% of anesthesia claims per month could be arbitrated by the insurance industry in order to prevent excessive arbitrations by insurance. Though proposition is still being considered.

What should you do now regarding HB 5085?

- Please await the next e-blast which will outline which of the propositions ISA has laid out will be moving forward and it is critical that YOU call YOUR IL senators and Representative to express your opinion on this urgent matter. This will happen in the very near future and with a very short time frame. As such when the e-blast arrives for responding to Call for action---PLEASE do so. Encourage your colleagues with

whom you interact every day and make sure they are ISA members (www.ISAHQ.org) and also take on the Call for ACTION seriously.