PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

333.24507 Nonparticipating provider; emergency patient; limitation on charges; payment in full.

Sec. 24507. (1) Subsection (2) applies to a nonparticipating provider who is providing a health care service if any of the following apply:

(a) The health care service is provided to an emergency patient, is covered by the emergency patient's health benefit plan, and is provided to the emergency patient by the nonparticipating provider at a participating health facility or nonparticipating health facility.

(b) All of the following apply:

(*i*) The health care service is provided to a nonemergency patient.

(*ii*) The health care service is covered by the nonemergency patient's health benefit plan.

(*iii*) The health care service is provided to the nonemergency patient by the nonparticipating provider at a participating health facility.

(*iv*) Either of the following:

(A) The nonemergency patient does not have the ability or opportunity to choose a participating provider.

(B) The nonemergency patient has not been provided the disclosure required under section 24509.

(c) The health care service is provided by the nonparticipating provider at a hospital that is a participating health facility to an emergency patient who was admitted to the hospital within 72 hours after receiving a health care service in the hospital's emergency room.

(2) Except as otherwise provided in section 24511 or 24513 and subject to subsection (4), if any of the circumstances described in subsection (1) apply, the nonparticipating provider shall submit a claim to the patient's carrier within 60 days after the date of the health care service and shall accept from the patient's carrier, as payment in full, the greater of the following:

(a) Subject to section 24510, the median amount negotiated by the patient's carrier for the region and provider specialty, excluding any in-network coinsurance, copayments, or deductibles. The patient's carrier shall determine the region and provider specialty for purposes of this subdivision.

(b) One hundred and fifty percent of the Medicare fee for service fee schedule for the health care service provided, excluding any in-network coinsurance, copayments, or deductibles.

(3) If the circumstance described in subsection (1)(c) applies, this section applies to any health care service provided by a nonparticipating provider to the emergency patient during his or her hospital stay.

(4) A patient's carrier shall pay the amount described in subsection (2) to the nonparticipating provider within 60 days after receiving the claim from the nonparticipating provider under subsection (2). The nonparticipating provider shall not collect or attempt to collect from the patient any amount other than the applicable in-network coinsurance, copayment, or deductible.

History: Add. 2020, Act 234, Imd. Eff. Oct. 22, 2020.

Popular name: Act 368