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Criteria for Meeting Standards

General Note: In this table, we exclude states where the balance billing protection is contingent on either: 1) a requirement that the consumer has received and acknowledged a disclosure statement about the risk of balance bills when using out-of network providers; or 2) a minimum claim amount, unless that minimum does not limit the protection for the consumer. We include states where the protection does not extend to all classes of providers. For example, New Hampshire and Illinois limit their protection to hospital-based providers (e.g., radiologists, anesthesiologists, pathologists, and emergency department physicians), whereas California applies protection to all provider types.

Criteria for the standards listed in the table:

1. Emergency department setting: The state must have protection in place for emergency services provided by nonnetwork providers at both in-network and out-of-network facilities. If there is a caveat, this will be noted in a footnote.
2. Nonemergency care in network hospital: The state must have protection in place for nonemergency care provided in a network facility.
3. Type of managed care plan: The state requirement must apply to these specific types of health plans.
4. Hold harmless protection: The state requirement must state that a consumer is held not liable financially for the any portion of the bill beyond in-network level cost-sharing.
5. Provider prohibition: The state requirement must state that a provider is prohibited from sending any balance bill to the patient for any amount beyond in-network level cost-sharing.
6. State-specific method for payment: In general, a state has either a payment standard or a dispute resolution process (unless the approach differs by setting, as in Florida). States with a payment standard also may have a voluntary dispute resolution process to deal with a failure of the payment standard. States with a dispute resolution process may have more general guidance on a payment standard for use by plans or by the arbitrator.
7. Payment standard: The state must provide a formula that the insurer must apply when determining how much to pay an out-of-network provider and the provider has to accept this amount.
8. Dispute-resolution process: The state must require binding arbitration between the insurer and provider to determine an amount. Any direction by the state on how the arbitrator must decide the dollar value is added as a footnote.

Source: Jack Hoadley, Kevin Lucia, and Maanasa Kona, "State Efforts to Protect Consumers from Balance Billing Continue, While Momentum Builds for Federal Action," *To the Point* (blog), Commonwealth Fund, Jan. 18, 2019.