

**HOUSE . . . . . No. 919**

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**The Commonwealth of Massachusetts**

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**In the Year Two Thousand Nine**  
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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  
2 Edition, is hereby amended by inserting after Section 3B the following new section:

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

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

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

14 assignment of benefits submitted by the ambulance provider, shall remit payment of the claim  
15 directly to the licensed ambulance service.

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

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

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