

Legislative History

- 2008 Chapter 603 (AB 1203, Salas) – Prohibits a non-contracting hospital that fails to contact a health care service plan to provide post-stabilization care from billing the enrollee for post-stabilization care, except for applicable copayments, coinsurance, and deductibles, unless the patient assumes financial responsibility for the care, as specified, or the hospital is unable to obtain the health care service plan's name and contact information, as specified. Delete the requirement that a health care service plan contacted for post-stabilization care authorization discuss the enrollee's medical record with an appropriate hospital representative and would instead require the non-contracting hospital's representative, upon receiving authorization for post-stabilization care, to request the patient's medical record from the patient's plan or its contracting medical provider. In addition, require a health care service plan, or its contracting medical providers, provide 24-hour access for non-contracting hospitals to obtain timely authorization for post-stabilization care, as specified. *CalPERS Position: Support.*
- 2000 Chapter 827 (AB 1455, Scott) – Among other things, prohibits a health care service plan from engaging in an unfair payment pattern, as defined, in its reimbursement of a provider and authorizes the director to investigate a report of this conduct, and permits a provider to report this conduct to the department. Authorizes the director, upon a final determination that a plan has engaged in an unfair payment pattern, to impose sanctions on the plan. Additionally increases the interest rate on an uncontested provider claim that is not paid by the plan within a prescribed time period to 15% per annum and imposes a \$10 charge on a plan that fails to automatically include this interest amount in its payment to a provider. *CalPERS Position: None.*