START\_STATUTE20-3111.  Definitions

In this article, unless the context otherwise requires:

1.  "Arbitration" means a dispute resolution process in which an impartial arbitrator determines the dollar amount a health care provider is entitled to receive for payment of a surprise out‑of‑network bill.

2.  "Arbitrator" means an impartial person who is appointed to conduct an arbitration.

3.  "Billing company" means any affiliated or unaffiliated company that is hired by a health care provider or health care facility to coordinate the payment of bills with health insurers and to generate or bill and collect payment from enrollees on the health care provider's or health care facility's behalf.

4.  "Contracted provider" means a health care provider that has entered into a contract with a health insurer to provide health care services to the health insurer's enrollees at agreed on rates.

5.  "Cost sharing requirements" means an enrollee's applicable out‑of‑network coinsurance, copayment and deductible requirements under a health plan based on the adjudicated claim.

6.  "Emergency services" has the same meaning prescribed in section 20‑2801.

7.  "Enrollee" means an individual who is eligible to receive benefits through a health plan.

8.  "Health care facility" has the same meaning prescribed in section 36‑437.

9.  "Health care provider" means a person who is licensed, registered or certified as a health care professional under title 32 or a laboratory or durable medical equipment provider that furnishes services to a patient in a network facility and that separately bills the patient for the services.

10.  "Health care services" means treatment, services, medications, tests, equipment, devices, durable medical equipment, laboratory services or supplies rendered or provided to an enrollee for the purpose of diagnosing, preventing, alleviating, curing or healing human disease, illness or injury.

11.  "Health insurer" means a disability insurer, group disability insurer, blanket disability insurer, hospital service corporation or medical service corporation that provides health insurance in this state.

12.  "Health plan" means a group or individual health plan that finances or furnishes health care services and that is issued by a health insurer.

13.  "Network facility" means a health care facility that has entered into a contract with a health insurer to provide health care services to the health insurer's enrollees at agreed on rates.

14.  "Surprise out‑of‑network bill" means a bill for a health care service that was provided in a network facility by a health care provider that is not a contracted provider and that meets one of the requirements listed in section 20‑3113. END\_STATUTE