



## DOMESTIC/FOREIGN INSURERS BULLETIN NO. 71

**TO: ALL INSURANCE COMPANIES THAT WRITE HEALTH INSURANCE  
COVERAGE IN DELAWARE**

**RE: Payments to Non-Network Providers of Emergency Services**

**DATED: June 30, 2014**

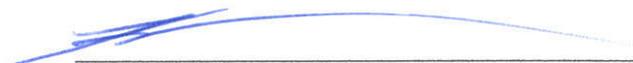
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Title 18 §§3349(c) and 3565(c) of the Delaware Code require a health insurer to pay directly to a non-network provider of emergency services the highest allowable charge for each emergency care service allowed by the insurer for any other network or non-network provider during the full 12-month period immediately prior to the date of emergency care service performed by the non-network provider.

Section 7.6.1 of Department Regulation 1301 provides for the same health insurer payments to non-network providers of emergency services required by 18 Del. C. §§3349(c) and 3565(c). Section 7.6.2 of Regulation 1301 requires that all payments due to the non-network provider pursuant to Section 7.6.1 must be paid within 30 days after the insurer has received a clean claim, as defined in Section 4.0 of Department Regulation 1310.

The purpose of this Bulletin is to point out to all health insurers doing business in Delaware that §§3349(c) and 3565(c) of Title 18 of the Delaware Code do not require that either the insurer or the non-network provider of emergency services request arbitration pursuant to Section 7.1 of Regulation 1301 as a precondition to receiving payments from insurers within 30 days of the insurer's receipt of a clean claim. Therefore, a health insurer must pay the required amount to the non-network provider within 30-days of receipt of each clean claim for each emergency care service, irrespective of whether the insurer or the provider has petitioned for arbitration.

This Bulletin shall be effective immediately and shall remain in effect unless withdrawn or superseded by subsequent law, regulation or bulletin.



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Karen Weldin Stewart, CIR-ML  
Delaware Insurance Commissioner