

REQUEST FOR COMMENTS

LD 899, “An Act to Strengthen the Requirements for Medical Payments Coverage,” Medical Payments Written Agreement Form

L.D.899, “An Act to Strengthen the Requirements for Medical Payments Coverage,” (P.L. Ch. 102), amends the process for the assignment of Medical Payments Coverage under 24-A M.R.S. § 2910-A(4). The amendment adds the requirement that the agreement to assign this coverage must be “written” and “on a form prescribed or approved by the superintendent.”

The Bureau proposed a change to 24-A M.R.S. § 2910-A(4) after receiving complaints from consumers who had assigned their medical payments benefit to a provider and had later been billed by the provider for cost sharing due under their health insurance, even though the medical payments coverage paid to the provider was greater than the cost sharing due under the consumer’s health insurance. One intent of the form is to allow an option for insureds with the applicable commercial health insurance coverage (not Medicare, Mainecare, etc.), to direct the casualty insurer to pay a provider after the health insurer has paid its contracted amount for the service.

Attached is a draft form for this purpose. The Bureau seeks comments and suggestions regarding the form. Following the review of comments, the Bureau will provide further guidance to insurers regarding requirements for an acceptable form.

The law’s effective date is September 24th, 2025. However, the Bureau will not enforce this provision prior to December 1, 2025, to allow insurers adequate time to develop the necessary forms and procedures. In the interim, insurers are encouraged to use a form that is substantially similar to the attached draft form. The form should include an option for insureds with appropriate commercial health insurance to request medical payments to providers upon receipt of a bill from the medical provider indicating the amount owed by the insured after the health insurer pays its contracted amount (option 3 in the attached draft form). An electronic form will be acceptable. The form need not be filed with the Bureau at the current time.

Please submit comments on or before August 29, 2025, to
InsuranceComment.PFR@maine.gov.

Direction to Pay Medical Payments Benefits – State of Maine

In accordance with Title 24-A M.R.S. §2910-A (4)(B), medical payments coverage in a casualty insurance policy is assignable only by written agreement between the insured and the casualty insurer. Benefits under medical payments coverage must be applied as directed by the insured. A payment to a provider from medical payments coverage is a payment from the insured.

Insured: _____ Date of Accident: _____

Casualty Insurance Company: _____ Claim #: _____

Medical Payments Coverage Limit: _____

----- TOP SECTION TO BE COMPLETED BY INSURER -----

Please choose one of the options below:

_____ (1) I have health benefits through a governmental health insurance program (Medicare, or Mainecare, also referred to as Medicaid, or Tricare). I authorize [Insurance Company] to pay medical providers directly for services rendered to me arising out of the accident on the above date. Once the medical payment benefit is exhausted, [Insurance Company] will send me a notification to that effect that I can send to my governmental insurance program.

_____ (2) I have private health insurance (for example, individual coverage through CoverMe or employer-sponsored health insurance). I hereby direct [Insurance Company] to make payments from my medical payments coverage for amounts owed by me directly to medical providers for services rendered to me arising out of the accident on the date identified above upon receipt of bills from me or my medical providers.

_____ (3) I have private health insurance (for example, individual coverage through CoverMe or employer-sponsored health insurance). I hereby direct [Insurance Company] to make payment to my medical providers for services rendered to me arising out of the accident on the date identified above **only after** I have received a bill from my provider which shows the amount I owe after my health insurance has paid its contracted amount. I will provide a detailed bill from my medical provider to [Insurance Company] after I receive it. (Note: This option may require more time to process medical payments coverage.)

_____ (4) I do not have health insurance. I authorize [Insurance Company] to make payments from my medical payments coverage directly to my medical providers for services rendered to me arising out of the accident on the date identified above upon receipt of bills from me or my medical providers.

_____ (5) I have incurred medical bills arising out of the accident on the date identified above. I will provide my medical bills to [insurance company] as required, and I understand that these bills are my responsibility. I direct [Insurance Company] to pay medical payment funds directly to me to pay

these medical expenses. I understand that I am not entitled to duplicate payments from medical payments coverage and health insurance for the same medical expense. (24-A § M.R.S. 2910-A(4)(C)).

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits."

Insured Signature: _____

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