# Medical Payments

Alabama: 50% of billed amount

 By statute

Alaska: average reduction to 68% through negotiation with providers of bills over $5,000

Arizona: policy of negotiating for reduction

Arkansas: 65%

California: Medicare fee schedule

Colorado: some districts at 80%

 By district policy

Connecticut: no general reduction

Delaware: 80%

 By rule:

28.1Medical expenses shall be paid on behalf of the victim to a hospital or other licensed health care facility or

provider at a rate set by VCAP. If VCAP accepts a claim, the hospital or other licensed health care facility or

provider shall accept the VCAP payment as payment in full, and may not attempt to collect from the victim or

third parties any amount exceeding the amount of reimbursement made by VCAP. In the absence of an

existing provider agreement, VCAP payments may be accompanied by a notice that provider acceptance

constitutes acknowledgment of payment in full.

28.2 VCAP will pay a hospital or other licensed health care facility or provider at the rate of 80% of the usual and

customary charge for such services. The VCAP may pay a lesser amount if payment under this section would

exceed a statutory or regulatory cap.

28.3 If the usual and customary charge cannot readily be established, or in special circumstances, VCAP may, in its

discretion, determine the reasonable charge for the procedure performed or the services rendered.

D.C.: no general reduction

Florida: 50%

Georgia: no general reduction

Hawaii: In cases where total medical expenses *do not exceed* the Commission's maximum award, we ask medical providers to take 70% as payment in full.  In cases where total medical expenses *exceed* the Commission's maximum award, we ask medical providers to accept a proportionate share of the Commission’s maximum award as payment in full.

Idaho: uses medical fee schedule after 6/30/2010; previously paid at 75%

Illinois: no general reduction

Indiana: no general reduction

Iowa: 70%

Iowa Code section 915.86 was amended by the 2009 Iowa General Assembly to state:

The department shall award compensation, as appropriate, for any of the following economic losses incurred as a direct result of an injury to or death of the victim:

1.  Reasonable charges incurred for medical care not to exceed twenty-five thousand dollars…

                a. The department shall establish the rates at which it will pay charges for medical care.

                b. If the department awards compensation, in full, at the established rate for medical

                                care, and the medical provider accepts the payment, the medical provider shall hold

                                harmless the victim for any amount not collected that is more than the rate established

                                by the department.

Kansas: 80% through agreements with nearly all providers

Kentucky: reductions are negotiated with major providers

KRS 346.185 (2) ….. In the event there are insufficient funds in the fund to pay all claims in full, all claims shall be paid at seventy percent (70%). If there are no moneys in the fund, then no claim shall be paid until moneys have again accumulated. In addition to payment of claims, moneys in the fund shall be used to pay all the necessary and proper expenses of the Crime Victims' Compensation Board.

Louisiana: 70%

Maine: 75%, but dental, prescriptions, prostheses at 100%; ambulance 100% up to $700 and eyeglasses at 100% up to $300.

regulation, in relevant part, says simply:  “The Board may award up to 75% of all outstanding medical bills not to exceed the statutory limit. The Board will not pay interest, finance or collection fees as part of the claim.”

Maryland: negotiates with providers for reductions

Massachusetts: fee schedule from rate-setting commission

The MA Victim Comp Program does pay hospital expenses at a cost to charge ratio established by the MA Executive Office of Health and Human Services. We are required to pay at these established rates as a state agency. Specifically our governing statute states:

M.G. L. c. 258C, § 3(2)(A):Expenses incurred for hospital services as the direct result of injury to the victim shall be compensable under this chapter; provided, however, that when claiming compensation for hospital expenses, the claimant shall demonstrate an out-of-pocket loss or a legal liability for payment of said expenses. No hospital expenses shall be paid if the expense is reimbursable by Medicaid or if the services are covered by chapter 118E. Every claim for compensation for hospital services shall include a certification by the hospital that the services are not reimbursable by Medicaid and that the services are not covered by chapter 118E. In no event shall the amounts awarded for hospital services exceed the rates for services established by the executive office of health and human services or a governmental unit designated by the executive office if rates have been established for such services. (See here for link to the statute: [General Laws: CHAPTER 258C, Section 3](https://malegislature.gov/Laws/GeneralLaws/PartIII/TitleIV/Chapter258C/Section3)).

under our regulations, it does state that the provider will accept this as payment in full:

940 CMR 14.06(4)(g} If an acute or non-acute hospital provides compensable medical services, any award

made payable jointly to the claimant and the hospital shall be based on current payment rates

established by the contract between the hospital and the Executive Office of Health and

Human Services in accordance with M.G.L. c. ll 8E, § 12 and M.G.L. c. 118G, § 11.

Amounts awarded for all other medical services shall be based on reasonable fees charged.

If the provider employs a sliding scale fee structure for any category of patient or service, the

award shall not exceed the amount the claimant would be charged ifhe or she qualified under

the provider's sliding scale fee structure.

(h) Any medical provider that receives payment from the Commonwealth for medical

services, supplies or equipment pursuant to an award under M.G.L. c. 258C shall, as a

condition of the receipt of such payment, accept such payment as discharging in full any and

all obligations of the claimant to pay, reimburse or compensate the provider for medical

services, supplies or equipment, that have been reimbursed under M.G.L. c. 258C.

( See link for full text: <http://www.mass.gov/ago/docs/regulations/940-cmr-14-00.pdf>)

Michigan: no general reduction

Minnesota: 60%

Mississippi: no general reduction

Missouri: no general reduction

Montana: no general reduction

Nebraska: no general reduction

Nevada: workers compensation fee schedule, and negotiations with providers based on program funds available

NRS 217.245

"Acceptance of payment from Board for certain services provided to victim constitutes payment in full.  Notwithstanding another provision of law, if a person who provides a service to a victim for which compensation is ordered pursuant to paragraph (a) of subsection 1 of NRS 217.200 accepts payment from the Board for such a service, the person shall be deemed to have agreed to the condition that:
      1.  Such payment by the Board constitutes payment in full for the service provided; and
      2.  The person may not collect or attempt to collect further payment from the victim or person on whose behalf the payment is made by the Board."

Nevada Victims of Crime Program Policies:
. . .
Section Three.  VOCP Standards for Determining Compensation
. . .
3.      Claim Payment Priorities

A.      In order to effectuate the provisions of the applicable statutes, and the standards and criteria stated in these policies, the VOCP will pay approved claims according to the priorities established in this section. Claims will be categorized and paid by priority as follows:

B.      Priority One Claims

1)      Priority one claims will be paid before all other existing or known claims are paid and consist of bills for medical treatment or services provided to the applicant that were pre-approved by the compensation officer, after the claim has been approved by the VOCP. Such claims may include expenses such as: surgery to remove bullets, reparative cosmetic or dental care, prosthetic devices, or equipment such as wheelchairs.

2)      Priority one claims will be paid upon receipt of appropriate billing documentation from the provider or vendor. Priority one claims will be paid at the rate pre-approved by the compensation officer or pursuant to VOCP fee schedules or these policies.

C.      Priority Two Claims

1)      Priority two claims will be paid after existing or known priority one claims, and consist of bills for services or for benefits provided to the applicant after the application has been approved by the VOCP. These claims consist of expenses such as mental health counseling, lost wage reimbursement, prescription medication, relocation costs and medical expenses incurred after claim approval.

2)      Priority two claims will be paid upon receipt of appropriate billing documentation by the provider. Priority two claims will be paid at the fee schedule rate or the rates set forth by these policies.

D.      Priority Three Claims

1)      Priority three claims will be paid after existing, known, or anticipated priority one and priority two claims and will consist of bills or claims incurred by the applicant prior to claim acceptance by the VOCP. Such claims include hospital emergency room bills, ambulance charges and other medical or service charges incurred prior to claim acceptance by the VOCP.

2)      Priority three claims may be paid after funds are reserved, but not yet paid, for known or anticipated priority one or priority two claims.

3)      Priority three claims will be paid at the end of each fiscal year quarter as follows:

a)      When adequate funds are available pursuant to VOCP funding and budgeting priorities, priority three approved claims will be paid at 100% of the approved amount.

b)      When budgeted and available funding for the fiscal year quarter is insufficient to pay approved priority three claims at 100% of the approved amount, then all approved priority three claims will be paid a pro-rata share of funds available for that fiscal year quarter.

E.      A claim may be paid at any time, as determined by the VOCP regardless of its priority status.  Designation of a priority status lower than another does not mean it will be paid after a claim designated with a higher priority status.

Section Ten.  Claim Limits and Payment Policies
. . .
4.      Medical Bill Review

A.      VOCP policies establish maximum rates and service limitations for all compensation benefits. Medical, hospital, dental and other bills are reviewed by VOCP’s contracted bill review company, and reduced to established medical fee schedules, primarily Nevada workers compensation fee schedule. Other discounts may be applied, and usual and customary rates for specific treatments may be used.

B.      When adequate funding is available, bills are paid according to these fee schedule recommendations. When funding is less than the total of bills approved each fiscal quarter then the bills are paid at a reduced percentage of fee schedule amount, based on available funding.
. . .
7.      Reimbursement to Applicants Limited to Fee Schedule

A.      Applicants may be reimbursed up to the fee schedule amount, or the amount determined by the VOCP to be “usual and customary, for any crime related medical or other bill approved for reimbursement by the VOCP.

B.      Approved applicants should not pay medical bills themselves in expectation of full reimbursement; since the VOCP may reimburse the applicant up to the fee schedule rate only. The fee schedule rate is usually significantly less than the billed amount paid by the applicant.

Section Three.  VOCP Standards for Determining Compensation
. . .
5.      Fee Schedules

A.      These policies recognize that VOCP revenues will not always be sufficient to pay all approved claims at the approved amount, and that priorities for the payment of benefits are necessary to ensure the fair treatment of applicants and providers or vendors.

B.      These policies establish the principle that the VOCP will endeavor to provide assistance to victims in a manner that will assist them recover from injuries and trauma first; and then assist them with financial relief from crime related debt, incurred by the victim prior to claim acceptance by the VOCP.

C.      The VOCP will negotiate or compromise claims in a manner that will provide the greatest debt relief to a victim at the least cost to the VOCP.

D.      When determining the validity of medical or other provider claims, the VOCP will consider the fee schedules adopted by the State of Nevada for payment of workers compensation claims, or other insurance industry fee schedules accepted by the provider, whichever provides the greatest discount for the VOCP.

E.      The VOCP may utilize the fee schedule recommended payment or may pay a larger or smaller amount than the recommended fee schedule amount when circumstances of a particular claim may require,

F.      Where medical fee schedules are not available for a particular claim or service the VOCP will consider the usual and customary charges for such services.

G.      When pre-approving medical treatment or other services the VOCP may adjust such fees as approved by the VOCP coordinator.

New Hampshire: 75%, but only if hospital evaluates and denies free care

New Jersey: fee schedule

New Mexico: 75%

Our rules state:  "A victim/claimant may be compensated  in full, to the greatest extent possible, for debts which they have expended personal funds, and reasonable compensation for loss of wages unless requested otherwise by the victim/claimant.  **Unpaid service providers may receive a pro-rata distribution of any funds remaining after victim/claimant has been compensated in full for personal expenditures.  The commission board may in its sole discretion determine that fair reparation has been paid to any service provider."**

New York: no general reduction

North Carolina: 66.67%

North Dakota: 80%

Ohio: no general reduction

Oklahoma: 80%

Oregon: workers compensation fee schedule

Pennsylvania: 65%

Puerto Rico:

Rhode Island: workers compensation fee schedule

South Carolina: no general reduction; but negotiates with hospitals for reductions

South Dakota: Medicaid rates

Tennessee: 75%

 By statute

[A]ny award made for medical or medical-related expenses, including, but not limited to, dental, chiropractic, hospital, physical therapy and nursing services, shall be made in an amount of seventy-five percent (75%) of the billed charges if there exists a sufficient amount left in the maximum award rate stipulated in § 29-13-106(e). If an insufficient amount exists in the maximum award rate to pay seventy-five percent (75%) of the billed charges, the billed charges shall be reduced to the amount remaining to bring the total compensation awarded on account of the criminal act to the maximum rate specified in § 29-13-106(e). Any medical provider or hospital that accepts payment under this part for medical or medical-related expenses or services shall accept the payment as payment in full and shall not bill any balance of those expenses to the victim or the claimant if the total payments made under this part to any such provider or hospital equal seventy-five percent (75%) of the billed charges. This subdivision (7) does not prohibit the medical provider or hospital from seeking reimbursement from the victim or the claimant for the difference, if any, between seventy-five percent (75%) of the billed charges and the amount paid by the division under this subdivision (7). This subdivision (7) does not apply to reimbursements for forensic medical examinations provided under § 29-13-118. Reimbursements for forensic medical examinations are governed by § 29-13-118.

Texas: state medical fee schedule, based on workers compensation fee schedule

Texas Code of Criminal Procedure Article 56.34 which I have copied and pasted below.  The medical cost paragraphs I placed in bold.  Subtitle A, Title 5, Labor Code is the Texas Department of Insurance, Division of Worker’s Compensation.

Art. 56.34. COMPENSATION.  (a)  The attorney general shall award compensation for pecuniary loss arising from criminally injurious conduct if the attorney general is satisfied by a preponderance of the evidence that the requirements of this subchapter are met.

(b) The attorney general, shall establish whether, as a direct result of criminally injurious conduct, a claimant or victim suffered personal injury or death that resulted in a pecuniary loss for which the claimant or victim is not compensated from a collateral source.

(c**) The attorney general shall award compensation for health care services according to the medical fee guidelines prescribed by Subtitle A, Title 5, Labor Code.**

**(d) The attorney general, a claimant, or a victim is not liable for health care service charges in excess of the medical fee guidelines.  A health care provider shall accept compensation from the attorney general as payment in full for the charges unless an investigation of the charges by the attorney general determines that there is a reasonable health care justification for the deviation from the guidelines.**

(e) A claimant or victim is not liable for the balance of service charges left as a result of an adjustment of payment for the charges under Article [56.58](http://www.statutes.legis.state.tx.us/GetStatute.aspx?Code=CR&Value=56.58&Date=6/28/2014).

(f) The compensation to victims of crime fund and the compensation to victims of crime auxiliary fund are the payers of last resort.

Utah: 70%

Vermont: 70%

 By statute:

**§ 5356. Amount of compensation**

(a) If the application is approved, the board shall authorize cash payments, not to exceed $10,000.00, to or on behalf of the applicant, equal to the unreimbursed pecuniary loss directly resulting from the injury or death of the victim. Applications approved in any fiscal year shall not exceed funds appropriated and authorized in that fiscal year for this purpose.

(b) Funds available to the board for payments include fees collected and deposited by the court into the victims' compensation fund as described in section 7282 of this title and monies from inmate labor contributions from the prison industries enhancement program or from any other source.

(c) The board may reimburse health care facilities and health care providers as defined in section 9402 of Title 18 at 70 percent of the billed charges for compensation claims for uninsured crime victims who do not qualify for the hospital's patient assistance program, Medicaid, or Medicare. The health care facility or health care provider shall not bill any balance to the uninsured crime victim. (Added 1989, No. 214 (Adj. Sess.), § 1; amended 1995, No. 63, § 53; 2007, No. 173 (Adj. Sess.), § 2.)

Virgin Islands:

Virginia: statute requires service providers to negotiate reductions with compensation program, generally resulting in 30-40% reduction

Washington: workers compensation fee schedule

statute gives the Director of the agency the authority to set fees. “ In establishing fees for medical and other health care services, the director shall consider the director’s duty to purchase health care in a prudent, cost-effective manner” We then set the fee amounts through rule.

West Virginia: no general reduction

Wisconsin: 2/3 of bill, by agreement with hospitals

Wyoming: no general reduction