Unofficial Copy C3

1999 Regular Session 9lr1606 CF 9lr1687

By: Senator Dorman Senators Dorman, Astle, Exum, Hafer, Kelley, Roesser, and Teitelbaum Introduced and read first time: February 5, 1999 Assigned to: Finance Committee Report: Favorable with amendments Senate action: Adopted Read second time: March 9, 1999		
1 A	AN ACT concerning	
2 3	Health Insurance - Private Review Agents - Coverage Determinations and Retroactive Adverse Decisions	
4 F 5 6 7 8 9 10 11 12 13 14 15	FOR the purpose of altering the circumstances under which a private review agent may retrospectively render an adverse decision regarding preauthorized or approved health care services; and generally relating to private review agents and retroactive adverse decisions in health insurance repealing certain circumstances under which a private review agent may render a retroactive adverse decision for preauthorized health care services based on a lack of coverage for an individual or a specific health care service; requiring that certain group health insurance contracts contain a provision requiring certain entities to continue to pay the premium for an insured individual until notice of termination of coverage for that individual has been received by the carrier; and generally relating to coverage determinations by insurers and retroactive adverse decisions based on such determinations.	
17 18 19 20	BY repealing and reenacting, with amendments, Article - Insurance Section 15-10B-07(c) Annotated Code of Maryland (1997 Volume and 1998 Supplement) BY adding to Article - Insurance Section 15-303(f) Annotated Code of Maryland	

1	(1997 Replacement Volume and 1998 Supplement)
2 3 4 5 6	BY adding to Article - Health - General Section 19-706(ff) Annotated Code of Maryland (1996 Replacement Volume and 1998 Supplement)
7 8	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
9	Article - Insurance
10	<u>15-303.</u>
13 14 15	(F) EACH POLICY OF GROUP HEALTH INSURANCE SHALL CONTAIN A PROVISION THAT REQUIRES THE EMPLOYER, LABOR UNION, ASSOCIATION, OR OTHER ENTITY TO WHICH A POLICY OF GROUP HEALTH INSURANCE HAS BEEN ISSUED TO CONTINUE TO PAY THE PREMIUM FOR AN EMPLOYEE, MEMBER, OR DEPENDENT UNDER THE POLICY UNTIL NOTICE OF TERMINATION OF COVERAGE HAS BEEN RECEIVED BY THE INSURER.
17	15-10B-07.
20	(c) (1) Except as provided in paragraph (2) of this subsection, if a course of treatment has been preauthorized or approved for a patient, a private review agent may not retrospectively render an adverse decision regarding the preauthorized or approved services delivered to that patient.
22 23	(2) A private review agent may retrospectively render an adverse decision regarding preauthorized or approved services delivered to a patient if:
	(i) [the patient, on the date the services were rendered, was not insured by or an enrollee, subscriber, or member of the entity that the private review agent is affiliated with, under contract with, or acting on behalf of;
29 30 31	(ii)] the information submitted to the private review agent regarding the services to be delivered to the patient was fraudulent or intentionally misrepresentative or critical information requested by the private review agent regarding services to be delivered to the patient was omitted such that the private review agent's determination would have been different had it known the critical information; OR
	[(iii) except for determinations of appropriateness or medical necessity of the covered services that were preauthorized, the services would not be covered in whole or in part under the policy or contract; or
36 37	(iv)] (II) the planned course of treatment for the patient that was approved by the private review agent was not substantially followed by the provider.

1

Article - Health - General

- 2 <u>19-706.</u>
- 3 (FF) THE PROVISIONS OF § 15-303(F) OF THE INSURANCE ARTICLE APPLY TO 4 HEALTH MAINTENANCE ORGANIZATIONS.
- SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 5
- 6 October 1, 1999.