Unofficial Copy C3 2000 Regular Session 0lr2417

By: Delegate Busch

Introduced and read first time: February 9, 2000

Assigned to: Economic Matters

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## A BILL ENTITLED

1 AN ACT concerning

## 2 Health Insurance - Uniform Claims Form

- 3 FOR the purpose of authorizing certain health insurers, nonprofit service plans, and
- 4 health maintenance organizations to require certain information to be
- 5 submitted with a uniform claims form; specifying certain exceptions to a certain
- 6 requirement; and generally relating to the uniform claims form.
- 7 BY repealing and reenacting, with amendments,
- 8 Article Health General
- 9 Section 19-712.3
- 10 Annotated Code of Maryland
- 11 (1996 Volume and 1999 Supplement)
- 12 BY repealing and reenacting, with amendments,
- 13 Article Insurance
- 14 Section 15-1004
- 15 Annotated Code of Maryland
- 16 (1997 Volume and 1999 Supplement)
- 17 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
- 18 MARYLAND, That the Laws of Maryland read as follows:
- 19 Article Health General

20 19-712.3.

- 21 (a) Except as provided in [subsection (d)] SUBSECTIONS (D), (E), AND (F) of
- 22 this section, for services rendered to its members or subscribers, a health
- 23 maintenance organization shall accept as a properly filed claim and the sole
- 24 instrument for reimbursement the uniform claims form submitted by a hospital or
- 25 health care practitioner in accordance with § 15-1003 of the Insurance Article.
- 26 (b) The uniform claims form submitted under this section:
- 27 (1) Shall be properly completed; and

1 (2) May be submitted by electronic transfer. 2 A health maintenance organization may not impose as a condition of (c) 3 payment any requirements on a hospital or health care practitioner to: 4 (1) Modify the uniform claims form or its content; or 5 (2) Submit additional claims forms. 6 When the legitimacy or appropriateness of the health care service is disputed, a health maintenance organization may request additional medical 8 information that describes and summarizes the diagnosis, treatment, and services 9 rendered to the member or subscriber. 10 When necessary to determine eligibility for benefits or for determination of 11 coverage, a health maintenance organization may obtain additional information from 12 its subscriber or member, the employer of the subscriber or member, or any other 13 non-provider third party, provided that any delays in paying a uniform claim 14 resulting from obtaining this information are subject to the provisions of [§ 15 19-712.1(b) of this subtitle § 15-1005 OF THE INSURANCE ARTICLE. A HEALTH MAINTENANCE ORGANIZATION MAY REQUIRE: 16 (F) 17 FOR CLAIMS REGARDING EMERGENCY SERVICES PROVIDED IN (1) 18 ACCORDANCE WITH § 19-712.5 OF THIS SUBTITLE, MEDICAL INFORMATION TO BE 19 SUBMITTED SIMULTANEOUSLY WITH THE UNIFORM CLAIMS FORM, RELATED TO THE 20 SCREENING, DIAGNOSIS, TREATMENT, AND SERVICES RENDERED TO THE MEMBER 21 OR SUBSCRIBER; 22 (2)FOR ALL CLAIMS, AN ITEMIZED BILL TO BE SUBMITTED 23 SIMULTANEOUSLY WITH THE UNIFORM CLAIMS FORM; AND 24 IF APPROVED BY THE COMMISSIONER, ANY ADDITIONAL 25 INFORMATION THAT RELATES TO SERVICES RENDERED TO A MEMBER OR 26 SUBSCRIBER. The Commissioner may impose a penalty not to exceed \$500 on any 27 [(f)](G)28 health maintenance organization that violates the provisions of this section. 29 **Article - Insurance** 30 15-1004. 31 For services rendered by a person entitled to reimbursement under § 32 15-701(a) of this title or by a hospital, as defined in § 19-301 of the Health - General 33 Article, an insurer or nonprofit health service plan: 34 except as provided in [subsection (c)] SUBSECTIONS (C), (D), AND (E) 35 of this section, shall accept the uniform claims form adopted by the Commissioner 36 under § 15-1003 of this subtitle:

36 October 1, 2000.

1		(i)	as a properly filed claim with all necessary documentation; and
2		(ii)	as the sole instrument for reimbursement; and
3	(2)	may not	impose as a condition of reimbursement a requirement to:
4		(i)	modify the uniform claims form or its content; or
5		(ii)	submit additional claims forms.
6 7	(b) (1) completed properly a		rm claims form submitted under this section shall be e submitted by electronic transfer.
10 11	(2) If the health care practitioner rendering the service is a certified registered nurse anesthetist or certified nurse midwife, the uniform claims form shall include identification modifiers for the certified registered nurse anesthetist or certified nurse midwife that indicate whether the service is provided with or without medical direction by a physician.		
15	insurer or nonprofit l	nealth ser	or appropriateness of a health care service is disputed, an vice plan may request additional medical information is the diagnosis, treatment, and services rendered to the
19	coverage, an insurer	or nonpro	sary to determine eligibility for benefits or to determine ofit health service plan may obtain additional the insured's employer, or any other nonprovider third
	(2) claim, the insurer or with the provisions of	nonprofit	ning additional information results in a delay in paying a health service plan shall pay interest in accordance 05(d) of this subtitle.
24	(E) AN INS	SURER C	OR NONPROFIT HEALTH SERVICE PLAN MAY REQUIRE:
27	SUBMITTED SIMU	HEALTH ILTANE(	LAIMS REGARDING EMERGENCY SERVICES AS DEFINED IN § I - GENERAL ARTICLE, MEDICAL INFORMATION TO BE DUSLY WITH THE UNIFORM CLAIMS FORM, RELATED TO THE TREATMENT, AND SERVICES RENDERED TO AN INSURED;
29 30	(2) SIMULTANEOUSL		L CLAIMS, AN ITEMIZED BILL TO BE SUBMITTED THE UNIFORM CLAIMS FORM; AND
31 32	(3) INFORMATION TH		ROVED BY THE COMMISSIONER, ANY ADDITIONAL ATES TO SERVICES RENDERED TO AN INSURED.
33 34	[(e)] (F) insurer or nonprofit l		nmissioner may impose a penalty not exceeding \$500 on an vice plan that violates this section.
35	SECTION 2. AN	ID BE IT	FURTHER ENACTED, That this Act shall take effect