

HOUSE BILL 805

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C3

2002 Regular Session
(2r2039)

ENROLLED BILL
-- Economic Matters/Finance --

Introduced by ~~Delegate Donoghue~~ Delegates Donoghue, Barve, Eckardt,
Goldwater, Gordon, Hill, Kach, Krysiak, Love, Moe, and Pendergrass

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this
____ day of _____ at _____ o'clock, ____ M.

Speaker.

CHAPTER 250

1 AN ACT concerning

2 ~~Health Maintenance Organizations - Reimbursement of Noncontracting~~
3 Health Care Providers

4 FOR the purpose of identifying a certain rate that health maintenance organizations
5 pay to certain health care providers; repealing an obsolete reference; ~~repealing~~
6 extending the termination date of a certain provision requiring a health
7 maintenance organization to reimburse certain health care providers at a
8 certain rate and to disclose certain information under certain circumstances;
9 ~~repealing~~ extending the termination date of a certain provision authorizing
10 certain health care providers to enforce a certain law by a certain means;
11 ~~repealing~~ extending the termination of a provision requiring a health
12 maintenance organization to reimburse certain trauma physicians at a certain
13 rate in a certain manner; requiring the Maryland Health Care Commission and
14 the Health Services Cost Review Commission to conduct a certain study and
15 present findings and recommendations from the study to the House Economic
16 Matters and Senate Finance Committees on or before a certain date; specifying

1 certain issues about which the Commissions must make recommendations;
 2 specifying a certain intent of the General Assembly that certain licensed entities
 3 and individuals cooperate with the Commissions in a certain manner; *requiring*
 4 *the State Board of Nursing, in consultation with representatives of certain health*
 5 *maintenance organizations, to study and report to the Senate Finance and House*
 6 *Environmental Matters Committees on certain issues concerning nurse*
 7 *practitioners;* and generally relating to health maintenance organizations and
 8 health care provider reimbursement.

9 BY repealing and reenacting, with amendments,

10 Article - Health - General

11 Section 19-710.1(b)

12 Annotated Code of Maryland

13 (2000 Replacement Volume and 2001 Supplement)

14 BY repealing and reenacting, with amendments,

15 Chapter 275 of the Acts of the General Assembly of 2000

16 Section 5

17 BY repealing and reenacting, ~~with~~ *without* amendments,

18 Chapter 423 of the Acts of the General Assembly of 2001

19 Section 3

20 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF

21 MARYLAND, That the Laws of Maryland read as follows:

22

Article - Health - General

23 19-710.1.

24 (b) (1) In addition to any other provisions of this subtitle, for a covered
 25 service rendered to an enrollee of a health maintenance organization by a health care
 26 provider not under written contract with the health maintenance organization, the
 27 health maintenance organization or its agent:

28 (i) Shall pay the health care provider within 30 days after the
 29 receipt of a claim in accordance with the applicable provisions of this subtitle; and

30 (ii) Shall pay the claim submitted by:

31 1. A hospital at the rate approved by the Health Services
 32 Cost Review Commission;

33 2. A trauma physician for trauma care rendered to a trauma
 34 patient in a trauma center, at the greater of:

35 A. 140% of the rate paid by the Medicare program, as
 36 published by the [Health Care Financing Administration] CENTERS FOR MEDICARE

1 AND MEDICAID SERVICES, for the same covered service, to a similarly licensed
 2 provider; or

3 B. The rate as of January 1, 2001 that the health
 4 maintenance organization paid in the same geographic area, AS PUBLISHED BY THE
 5 CENTERS FOR MEDICARE AND MEDICAID SERVICES, for the same covered service, to a
 6 similarly licensed provider; and

7 3. Any other health care provider at the greater of:

8 A. 125% of the rate the health maintenance organization
 9 pays in the same geographic area, AS PUBLISHED BY THE CENTERS FOR MEDICARE
 10 AND MEDICAID SERVICES, for the same covered service, to a similarly licensed
 11 provider under written contract with the health maintenance organization; or

12 B. The rate as of January 1, 2000 that the health
 13 maintenance organization paid in the same geographic area, AS PUBLISHED BY THE
 14 CENTERS FOR MEDICARE AND MEDICAID SERVICES, for the same covered service, to a
 15 similarly licensed provider not under written contract with the health maintenance
 16 organization.

17 (2) A health maintenance organization shall disclose, on request of a
 18 health care provider not under written contract with the health maintenance
 19 organization, the reimbursement rate required under paragraph (1)(ii)2 and 3 of this
 20 subsection.

21 (3) (i) Subject to subparagraph (ii) of this paragraph, a health
 22 maintenance organization may require a trauma physician not under contract with
 23 the health maintenance organization to submit appropriate adjunct claims
 24 documentation and to include on the uniform claim form a provider number assigned
 25 to the trauma physician by the health maintenance organization.

26 (ii) If a health maintenance organization requires a trauma
 27 physician to include a provider number on the uniform claim form in accordance with
 28 subparagraph (i) of this paragraph, the health maintenance organization shall assign
 29 a provider number to a trauma physician not under contract with the health
 30 maintenance organization at the request of the physician.

31 (4) A trauma center, on request from a health maintenance organization,
 32 shall verify that a licensed physician is credentialed or otherwise designated by the
 33 trauma center to provide trauma care.

34 **Chapter 275 of the Acts of 2000**

35 SECTION 5. AND BE IT FURTHER ENACTED, That Sections 2 and 4 of this
 36 Act shall take effect October 1, 2000. ~~{Sections 2 and 4 of this Act shall remain~~
 37 ~~effective for a period of 1 year and 9 months and, at the end of June 30, 2002, 2005,~~
 38 with no further action required by the General Assembly, Sections 2 and 4 of this Act
 39 shall be abrogated and of no further force and effect.}

Chapter 423 of the Acts of 2001

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2001. It shall remain effective until the taking effect of the termination provision specified in Section 5 of Chapter 275 of the Acts of the General Assembly of 2000. If that termination provision takes effect, this Act shall be abrogated and of no further force and effect. This Act may not be interpreted to have any effect on that termination provision.†

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Health Care Commission and the Health Services Cost Review Commission shall jointly study and make recommendations to the House Economic Matters and Senate Finance Committees regarding health care provider reimbursements by commercial insurers, including health maintenance organizations, and self-pay patients in the State.

(b) In performing the study, the Commissions shall develop recommendations on the following issues:

(i) whether the State should maintain a prohibition against the balance billing of health maintenance organization subscribers for ~~noncovered~~ covered services;

(ii) the feasibility and desirability of the development of a provider rate setting system that would establish both minimum and maximum reimbursement levels for health care services delivered in the State;

(iii) the feasibility and desirability of expanding the hospital rate setting system to include reimbursement of hospital-based and university-based physicians;

(iv) the feasibility of establishing an uncompensated care fund to subsidize reimbursements to providers that deliver a disproportionate amount of uncompensated care to State residents, including emergency room physicians, trauma physicians, hospital-based and university-based physicians, and other health care providers as determined by the Commissions;

(v) the prevalence of ~~and justifications for~~ health care provider reimbursement methodologies employed by commercial insurance carriers, including health maintenance organizations, that are based on provider licensure; and

(vi) the level of reimbursement provided by commercial payers in the State as a percentage of provider costs compared to reimbursement provided by public payers as a percentage of provider costs;

(c) It is the intent of the General Assembly that licensed entities and individuals including health insurers, nonprofit health service plans, health maintenance organizations, hospitals, physicians, and nonphysician providers cooperate with the Commissions in the execution of the study by providing data in a timely and complete manner.

1 (d) The findings and recommendations of the study shall be presented, subject
2 to § 2-1246 of the State Government Article, to the House Economic Matters
3 Committee and Senate Finance Committee on or before January 1, 2004.

4 SECTION 3. AND BE IT FURTHER ENACTED, That, on or before January 1,
5 2003, the Board of Nursing, in consultation with representatives of health
6 maintenance organizations that operate in the State, shall report in accordance with §
7 2-1246 of the State Government Article, to the Senate Finance Committee and House
8 Environmental Matters Committee on whether health maintenance organizations in
9 the State should:

10 (1) individually credential nurse practitioners; and

11 (2) allow for the designation by a member or subscriber of a nurse
12 practitioner as a primary care provider.

13 SECTION ~~2, 3, 4.~~ AND BE IT FURTHER ENACTED, That this Act shall take
14 effect June 1, 2002.