

**HB0594/636882/1**

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 594

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “Delegate Donoghue” and substitute “Delegates Donoghue, Benson, Bromwell, Costa, Elliott, Hammen, Hubbard, Kach, Kipke, Kullen, McDonough, Mizeur, Montgomery, Morhaim, Oaks, Pena–Melnyk, Pendergrass, Reznik, Riley, Tarrant, V. Turner, and Weldon”; in line 4, strike “providers” and substitute “a certain group practice at a certain rate during a certain time period”; in line 5, strike “to enrollees on or after a certain date” and substitute “by a certain provider”; in line 6, after “circumstances;” insert “requiring a carrier to reimburse a provider as a nonparticipating provider under certain circumstances; prohibiting a health maintenance organization from denying payment to a provider under certain circumstances; prohibiting a certain provider from holding an enrollee of a carrier liable for a certain cost with certain exceptions; authorizing a carrier to require a group practice to disclose certain information to an enrollee; defining certain terms;”; in line 10, strike “15–112(d)” and substitute “15–112(a)”; and after line 12, insert:

“BY repealing and reenacting, without amendments,

Article – Insurance

Section 15–112(d)

Annotated Code of Maryland

(2006 Replacement Volume and 2007 Supplement)

BY adding to

Article – Insurance

Section 15–112(q)

Annotated Code of Maryland

(2006 Replacement Volume and 2007 Supplement)”.

(Over)

AMENDMENT NO. 2

On page 1, after line 16, insert:

“(a) (1) In this section the following words have the meanings indicated.

(2) “ACCREDITED HOSPITAL” HAS THE MEANING STATED IN § 19-301 OF THE HEALTH – GENERAL ARTICLE.

[(2)] (3) “Ambulatory surgical facility” has the meaning stated in § 19-3B-01 of the Health – General Article.

[(3)] (4) (i) “Carrier” means:

1. an insurer;

2. a nonprofit health service plan;

3. a health maintenance organization;

4. a dental plan organization; or

5. any other person that provides health benefit plans subject to regulation by the State.

(ii) “Carrier” includes an entity that arranges a provider panel for a carrier.

[(4)] (5) “Credentialing intermediary” means a person to whom a carrier has delegated credentialing or recredentialing authority and responsibility.

~~[(5)] (6)~~ “Enrollee” means a person entitled to health care benefits from a carrier.

~~[(6)] (7)~~ “Hospital” has the meaning stated in § 19–301 of the Health – General Article.

~~(8)~~ **“PARTICIPATING PROVIDER” MEANS A PROVIDER ON A CARRIER’S PROVIDER PANEL.**

~~[(7)] (9)~~ “Provider” means a health care practitioner or group of health care practitioners licensed, certified, or otherwise authorized by law to provide health care services.

~~[(8)] (10)~~ (i) “Provider panel” means the providers that contract either directly or through a subcontracting entity with a carrier to provide health care services to the carrier’s enrollees under the carrier’s health benefit plan.

(ii) “Provider panel” does not include an arrangement in which any provider may participate solely by contracting with the carrier to provide health care services at a discounted fee-for-service rate.”.

AMENDMENT NO. 3

On page 3, strike in their entirety lines 1 through 5, inclusive, and substitute:

**“(Q) (1) NOTWITHSTANDING SUBSECTION (O)(1) OF THIS SECTION, A CARRIER SHALL REIMBURSE A GROUP PRACTICE ON THE CARRIER’S PROVIDER PANEL AT THE PARTICIPATING PROVIDER RATE FOR COVERED SERVICES PROVIDED BY A PROVIDER WHO IS NOT A PARTICIPATING PROVIDER IF:**

**(I) THE PROVIDER IS EMPLOYED BY OR A MEMBER OF THE GROUP PRACTICE;**

(Over)

(II) THE PROVIDER HAS APPLIED FOR ACCEPTANCE ON THE CARRIER'S PROVIDER PANEL AND THE CARRIER HAS NOTIFIED THE PROVIDER OF THE CARRIER'S INTENT TO CONTINUE TO PROCESS THE PROVIDER'S APPLICATION TO OBTAIN NECESSARY CREDENTIALING INFORMATION;

(III) THE PROVIDER HAS A VALID LICENSE ISSUED BY A HEALTH OCCUPATIONS BOARD TO PRACTICE IN THE STATE; AND

(IV) THE PROVIDER:

1. IS CURRENTLY CREDENTIALLED BY AN ACCREDITED HOSPITAL IN THE STATE; OR

2. HAS PROFESSIONAL LIABILITY INSURANCE.

(2) A CARRIER SHALL REIMBURSE A GROUP PRACTICE ON THE CARRIER'S PROVIDER PANEL IN ACCORDANCE WITH PARAGRAPH (1) OF THIS SUBSECTION FROM THE DATE THE NOTICE REQUIRED UNDER SUBSECTION (D)(3)(I)1 OF THIS SECTION IS SENT TO THE PROVIDER UNTIL THE DATE THE NOTICE REQUIRED UNDER SUBSECTION (D)(3)(III)2 OF THIS SECTION IS SENT TO THE PROVIDER.

(3) A CARRIER THAT SENDS WRITTEN NOTICE OF REJECTION OF A PROVIDER FOR CREDENTIALING UNDER SUBSECTION (D)(3)(III)2 OF THIS SECTION SHALL REIMBURSE THE PROVIDER AS A NONPARTICIPATING PROVIDER FOR SERVICES PROVIDED ON OR AFTER THE DATE THE NOTICE IS SENT.

(4) A HEALTH MAINTENANCE ORGANIZATION MAY NOT DENY PAYMENT TO A PROVIDER UNDER THIS SUBSECTION SOLELY BECAUSE THE PROVIDER WAS NOT A PARTICIPATING PROVIDER AT THE TIME THE SERVICES WERE PROVIDED TO AN ENROLLEE.

(5) A PROVIDER WHO IS NOT A PARTICIPATING PROVIDER OF A CARRIER AND WHOSE GROUP PRACTICE IS ELIGIBLE FOR REIMBURSEMENT UNDER PARAGRAPH (1) OF THIS SUBSECTION MAY NOT HOLD AN ENROLLEE OF THE CARRIER LIABLE FOR THE COST OF ANY COVERED SERVICES PROVIDED TO THE ENROLLEE DURING THE TIME PERIOD DESCRIBED IN PARAGRAPH (2) OF THIS SUBSECTION, EXCEPT FOR ANY DEDUCTIBLE, COPAYMENT, OR COINSURANCE AMOUNT OWED BY THE ENROLLEE TO THE GROUP PRACTICE OR PROVIDER UNDER THE TERMS OF THE ENROLLEE'S CONTRACT OR CERTIFICATE.

(6) A CARRIER MAY REQUIRE A GROUP PRACTICE TO DISCLOSE TO AN ENROLLEE AT THE TIME SERVICES ARE PROVIDED THAT:

(I) THE TREATING PROVIDER IS NOT A PARTICIPATING PROVIDER;

(II) THE TREATING PROVIDER HAS APPLIED TO BECOME A PARTICIPATING PROVIDER; AND

(III) ANY COVERED SERVICES RECEIVED MUST BE REIMBURSED BY THE CARRIER AT THE PARTICIPATING PROVIDER RATE.”.