

# CHAPTER 585

(Senate Bill 661)

AN ACT concerning

## Health Insurance – Use of Physician Rating Systems by Carriers

FOR the purpose of ~~providing that a carrier may only use a physician rating system for certain health benefit plans if the system meets certain requirements; providing that a carrier may only use certain categories of measurements in a physician rating system; prohibiting a carrier from rating a physician based solely on cost efficiency; requiring a carrier to calculate and disclose certain measures in a certain manner; requiring a carrier to disclose a material change in a physician rating system at a certain time; requiring a carrier to use certain risk adjustments in determining the quality of performance and the cost efficiency of a physician; requiring a carrier to describe its physician rating system to certain physicians in a certain manner; requiring a carrier to make certain disclosures to certain physicians and enrollees; requiring a carrier to ensure that certain data is accurate; requiring a carrier to use certain measurements under certain circumstances; requiring a carrier to describe to certain physicians and to a certain ratings examiner certain information; requiring a carrier to make certain determinations in determining the data to be used to measure the quality of performance of a physician; requiring a carrier to use the most current claims and data to measure physician quality of performance; requiring a carrier to use certain computer software under certain circumstances; requiring a carrier that uses a physician rating system to establish a certain complaint process for enrollees; requiring a carrier that uses a physician rating system to post certain information on its website in a certain manner; requiring a carrier to provide certain physicians certain information at a certain time before making certain information available to enrollees; prohibiting a carrier from making a certain change under certain circumstances; requiring a carrier to establish a certain appeals process under certain circumstances; providing that a ratings examiner shall have oversight and review of the appeals process; requiring a carrier to contract with and pay for a ratings examiner to review certain physician rating systems; prohibiting a carrier from implementing a physician rating system until the carrier submits the system to a certain ratings examiner for review; requiring a carrier to make certain disclosures and provide certain information to a ratings examiner; requiring a carrier to obtain certain reviews by a ratings examiner under certain circumstances; requiring a carrier to disclose the results of any reviews conducted by a ratings examiner in a certain manner; requiring a certain ratings examiner to report annually to the Maryland Health Care Commission and the Maryland Insurance Administration regarding certain information; authorizing the Insurance Commissioner, in consultation with the Maryland~~

~~Health Care Commission, to adopt regulations to implement the provisions of this Act;~~ requiring the Maryland Health Care Commission to approve a certain entity to be a physician rating system examiner under certain circumstances; providing that an entity that has a certain program approved by a certain consortium is deemed to be a ratings examiner; prohibiting certain health insurance carriers from using a physician rating system unless the physician rating system is approved by a ratings examiner; requiring a carrier to contract with and pay for a ratings examiner to review certain physician rating systems; providing that a physician rating system of a carrier is deemed to meet certain requirements of this Act under certain circumstances; requiring certain carriers to establish a certain appeals process; requiring certain carriers to provide certain physicians with certain information under certain circumstances; prohibiting a carrier from disclosing a certain rating under certain circumstances; requiring a carrier to post certain information on a certain section of the carrier's website; requiring a carrier to notify the Maryland Insurance Commissioner of the results of a certain final review within a certain time period; authorizing the Commissioner to order a carrier to correct a certain deficiency or cease use of a certain physician rating system under certain circumstances; requiring certain carriers to annually report to the Commissioner on the number and outcome of certain appeals; requiring the Commissioner and the Health Care Commission to issue a certain report annually for the Governor and the General Assembly on or before a certain date; defining certain terms; providing for a delayed effective date; and generally relating to use of physician rating systems by health insurance carriers.

BY adding to

Article – Health – General

Section 19–142 and 19–143 to be under the new part “Part IV. Examiners of Physician Rating Systems”; and 19–706(ttt)

Annotated Code of Maryland

(2005 Replacement Volume and 2008 Supplement)

BY adding to

Article – Insurance

Section 15–1701 through ~~15–1709~~ 15–1705 to be under the new subtitle “Subtitle 17. Regulation of Physician Rating Systems”

Annotated Code of Maryland

(2006 Replacement Volume and 2008 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

**Article – Health – General**

**PART IV. EXAMINERS OF PHYSICIAN RATING SYSTEMS.**

**19-142.**

**(A) IN THIS PART IV OF THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.**

**(B) "CARRIER" HAS THE MEANING STATED IN § 15-1301 OF THE INSURANCE ARTICLE.**

**(C) "ENROLLEE" MEANS AN INDIVIDUAL ENTITLED TO HEALTH BENEFITS FROM A CARRIER.**

**(D) "PHYSICIAN RATING SYSTEM" HAS THE MEANING STATED IN § 15-1701 OF THE INSURANCE ARTICLE.**

**(E) "RATINGS EXAMINER" MEANS AN INDEPENDENT ENTITY THAT IS APPROVED BY THE COMMISSION TO REVIEW PHYSICIAN RATING SYSTEMS.**

**19-143.**

**(A) THE COMMISSION SHALL APPROVE AN ENTITY THAT MEETS THE REQUIREMENTS OF THIS SECTION TO BE A RATINGS EXAMINER.**

**(B) TO BE APPROVED BY THE COMMISSION AS A RATINGS EXAMINER, AN ENTITY EXAMINING A PHYSICIAN RATING SYSTEM SHALL REQUIRE A PHYSICIAN RATING SYSTEM TO:**

**(1) USE ONLY QUALITY OF PERFORMANCE AND COST EFFICIENCY AS MEASUREMENT CATEGORIES;**

**(2) CALCULATE AND DISCLOSE SEPARATELY MEASURES OF COST EFFICIENCY AND QUALITY OF PERFORMANCE;**

**(3) DISCLOSE CLEARLY TO PHYSICIANS AND ENROLLEES THE PROPORTION OF THE COMPONENT SCORE FOR COST EFFICIENCY AND QUALITY OF PERFORMANCE IN EACH COMBINED SCORE;**

**(4) IN DETERMINING QUALITY OF PERFORMANCE, USE MEASURES:**

**(I) THAT ARE BASED ON NATIONALLY RECOGNIZED, EVIDENCE-BASED OR CONSENSUS-BASED CLINICAL RECOMMENDATIONS OR GUIDELINES; OR**

**(II) WHEN AVAILABLE, THAT ARE ENDORSED BY ENTITIES WHOSE WORK IN PHYSICIAN QUALITY OF PERFORMANCE IS GENERALLY ACCEPTED IN THE HEALTH CARE SYSTEM;**

**(5) DISCLOSE TO PHYSICIANS WHO ARE SUBJECT TO THE PHYSICIAN RATING SYSTEM:**

**(I) THE MEASUREMENTS FOR EACH CRITERION AND THE RELATIVE WEIGHT OF EACH CRITERION AND MEASUREMENT IN THE OVERALL RATING OF THE PHYSICIAN;**

**(II) 1. THE BASIS FOR THE CARRIER'S QUALITY OF PERFORMANCE RATINGS;**

**2. THE DATA USED TO DETERMINE THE QUALITY OF PERFORMANCE RATINGS; AND**

**3. THE RELATIVE WEIGHT OR RELEVANCE OF QUALITY OF PERFORMANCE TO THE OVERALL RATING OF A PHYSICIAN IN THE PHYSICIAN RATING SYSTEM;**

**(III) THE BASIS FOR DETERMINING WHETHER THERE IS A SUFFICIENT NUMBER OF PATIENTS AND EPISODES OF CARE FOR A GIVEN DISEASE STATE AND SPECIALTY TO GENERATE RELIABLE RATINGS FOR A PHYSICIAN; AND**

**(IV) THE METHODOLOGY USED TO DETERMINE HOW DATA IS ATTRIBUTED TO A PHYSICIAN;**

**(6) USE APPROPRIATE RISK ADJUSTMENTS TO ACCOUNT FOR THE CHARACTERISTICS OF THE PATIENT POPULATION SEEN BY A PHYSICIAN IN DETERMINING THE QUALITY OF PERFORMANCE AND COST EFFICIENCY OF THE PHYSICIAN;**

**(7) IN MEASURING THE COST EFFICIENCY OF THE PERFORMANCE OF A PHYSICIAN:**

**(I) COMPARE PHYSICIANS WITHIN THE SAME SPECIALTY WITHIN THE APPROPRIATE GEOGRAPHICAL MARKET; AND**

**(II) USE APPROPRIATE AND COMPREHENSIVE EPISODE OF CARE COMPUTER SOFTWARE TO EVALUATE THE COST EFFICIENCY OF THE PERFORMANCE OF A PHYSICIAN;**

**(8) (I) INCLUDE AN APPEALS PROCESS THAT A PHYSICIAN SUBJECT TO THE PHYSICIAN RATING SYSTEM MAY USE TO APPEAL THE RATING RECEIVED UNDER THE PHYSICIAN RATING SYSTEM; AND**

**(II) BASED ON THE OUTCOME OF AN APPEAL, MAKE ANY NECESSARY CORRECTIONS TO THE DATA USED TO RATE THE PHYSICIAN IN THE PHYSICIAN RATING SYSTEM; AND**

**(9) DISCLOSE TO PHYSICIANS AND ENROLLEES HOW THE PERSPECTIVES OF ENROLLEES, CONSUMER ADVOCATES, EMPLOYERS, LABOR UNIONS, AND PHYSICIANS WERE INCORPORATED INTO THE DEVELOPMENT OF THE PHYSICIAN RATING SYSTEM.**

**(C) NOTWITHSTANDING SUBSECTION (B) OF THIS SECTION, AN ENTITY THAT HAS A PHYSICIAN PERFORMANCE RATING CERTIFICATION PROGRAM APPROVED AFTER AUGUST 1, 2008, BY A NATIONAL CONSORTIUM OF EMPLOYER, CONSUMER, AND LABOR ORGANIZATIONS WORKING TOWARD A COMMON GOAL TO ENSURE THAT ALL AMERICANS HAVE ACCESS TO PUBLICLY REPORTED HEALTH CARE PERFORMANCE INFORMATION:**

**(1) IS DEEMED TO BE A RATINGS EXAMINER UNDER THIS PART; AND**

**(2) IS DEEMED TO MEET THE REQUIREMENTS OF SUBSECTION (B) OF THIS SECTION.**

**19-144. RESERVED.**

**19-145. RESERVED.**

**19-706.**

**(TTT) THE PROVISIONS OF TITLE 15, SUBTITLE 17 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.**

**Article - Insurance**

**SUBTITLE 17. REGULATION OF PHYSICIAN RATING SYSTEMS.**

**15-1701.**

**(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.**

(B) **“CARRIER” HAS THE MEANING STATED IN § 15-1301 OF THIS TITLE.**

(C) **“ENROLLEE” MEANS ~~A PERSON~~ AN INDIVIDUAL ENTITLED TO HEALTH CARE BENEFITS FROM A CARRIER.**

(D) **“PHYSICIAN RATING SYSTEM” MEANS ANY PROGRAM THAT:**

**(1) MEASURES, ~~REPORTS~~ RATES, OR TIERS THE PERFORMANCE OF ~~A PHYSICIAN~~ PHYSICIANS UNDER CONTRACT WITH THE CARRIER; AND**

**(2) DISCLOSES THE MEASURES, RATES, OR TIERS TO ENROLLEES OR THE PUBLIC.**

(E) **“RATINGS EXAMINER” MEANS AN INDEPENDENT ENTITY THAT IS APPROVED BY THE MARYLAND HEALTH CARE COMMISSION TO REVIEW PHYSICIAN RATING SYSTEMS.**

#### **15-1702.**

**(A) A CARRIER MAY NOT USE A PHYSICIAN RATING SYSTEM UNLESS THE PHYSICIAN RATING SYSTEM IS APPROVED BY A RATINGS EXAMINER.**

**(B) A CARRIER SHALL CONTRACT WITH AND PAY FOR A RATINGS EXAMINER TO REVIEW ANY PHYSICIAN RATING SYSTEM OF THE CARRIER.**

**(C) A PHYSICIAN RATING SYSTEM OF A CARRIER IS DEEMED TO MEET THE REQUIREMENTS OF THIS SECTION IF THE PHYSICIAN RATING SYSTEM:**

**(1) IS APPROVED BY A RATINGS EXAMINER AS OF JANUARY 1, 2010; AND**

**(2) NOTWITHSTANDING ANY REVISIONS TO THE PHYSICIAN RATING SYSTEM, MAINTAINS ITS APPROVAL BY THE RATINGS EXAMINER.**

#### **15-1703.**

**(A) A CARRIER THAT USES A PHYSICIAN RATING SYSTEM SHALL:**

**(1) ESTABLISH AN APPEALS PROCESS FOR PHYSICIANS TO USE TO CONTEST THEIR RATING; AND**

**(2) AT LEAST 45 DAYS BEFORE MAKING AVAILABLE TO ENROLLEES ANY NEW OR REVISED QUALITY OF PERFORMANCE OR**

COST-EFFICIENCY EVALUATIONS OR ANY NEW OR REVISED INCLUSIONS OR EXCLUSIONS FROM A PHYSICIAN RATING SYSTEM, PROVIDE EACH PHYSICIAN INCLUDED IN THE PHYSICIAN RATING SYSTEM WITH:

(I) A NOTICE OF THE PROPOSED CHANGE;

(II) AN EXPLANATION OF THE DATA USED TO ASSESS THE PHYSICIAN AND HOW THE PHYSICIAN MAY ACCESS THE DATA;

(III) THE METHODOLOGY AND MEASURES USED TO ASSESS THE PHYSICIAN;

(IV) AN EXPLANATION OF THE RIGHT TO CONTEST THE RATING OF THE PHYSICIAN THROUGH THE APPEALS PROCESS OF THE CARRIER; AND

(V) INSTRUCTIONS ON HOW TO FILE A TIMELY APPEAL WITH THE CARRIER.

(B) IF A PHYSICIAN FILES A TIMELY APPEAL, AS DEFINED BY THE CARRIER, REGARDING THE RATING OF THE PHYSICIAN UNDER A PHYSICIAN RATING SYSTEM, THE CARRIER MAY NOT DISCLOSE THE RATING OF THE PHYSICIAN OR MAKE A CHANGE IN THE QUALITY OF PERFORMANCE OR COST-EFFICIENCY RATINGS OF THE PHYSICIAN UNTIL THE CARRIER COMPLETES ITS INVESTIGATION AND RENDERS A DECISION ON THE APPEAL.

(C) A CARRIER SHALL POST THE FOLLOWING INFORMATION PROMINENTLY ON THE SECTION OF THE CARRIER'S WEBSITE THAT DISCLOSES THE RATING OF A PHYSICIAN TO ENROLLEES OR TO THE PUBLIC:

(1) WHERE AN ENROLLEE CAN FIND THE PHYSICIAN PERFORMANCE RATINGS OF THE CARRIER;

(2) A DISCLOSURE THAT PHYSICIAN PERFORMANCE RATINGS ARE ONLY A GUIDE TO CHOOSING A PHYSICIAN BECAUSE THE RATINGS HAVE A RISK OF ERROR AND SHOULD NOT BE THE SOLE BASIS FOR SELECTING A PHYSICIAN;

(3) AN EXPLANATION OF THE PHYSICIAN RATING SYSTEM, INCLUDING THE BASIS ON WHICH PHYSICIAN PERFORMANCE IS MEASURED AND THE BASIS FOR DETERMINING THAT A PHYSICIAN IS NOT CURRENTLY RATED DUE TO INSUFFICIENT DATA OR A PENDING APPEAL;

(4) ANY LIMITATIONS OF THE DATA THAT THE CARRIER USES TO MEASURE PHYSICIAN PERFORMANCE;

(5) THE FACTORS AND CRITERIA USED IN THE CARRIER'S PHYSICIAN RATING SYSTEM, INCLUDING QUALITY OF PERFORMANCE MEASURES AND COST EFFICIENCY MEASURES; AND

(6) HOW A PHYSICIAN MAY APPEAL A PHYSICIAN RATING.

**15-1704.**

(A) A CARRIER SHALL NOTIFY THE COMMISSIONER OF THE RESULTS OF ANY FINAL REVIEW CONDUCTED BY A RATINGS EXAMINER OF A PHYSICIAN RATING SYSTEM OF THE CARRIER WITHIN 45 CALENDAR DAYS AFTER RECEIPT OF THE RESULTS BY THE CARRIER.

(B) IF THE REVIEW CONDUCTED BY A RATINGS EXAMINER OF A PHYSICIAN RATING SYSTEM OF A CARRIER INDICATES THAT THE PHYSICIAN RATING SYSTEM DOES NOT COMPLY WITH THE REQUIREMENTS OF TITLE 19, SUBTITLE 1, PART IV OF THE HEALTH - GENERAL ARTICLE, THE COMMISSIONER MAY ORDER THE CARRIER TO:

(1) CORRECT THE DEFICIENCY; OR

(2) CEASE THE USE OF THE PHYSICIAN RATING SYSTEM.

(C) A CARRIER USING A PHYSICIAN RATING SYSTEM SHALL REPORT ANNUALLY TO THE COMMISSIONER:

(1) THE NUMBER OF APPEALS FILED BY PHYSICIANS UNDER THIS SUBTITLE; AND

(2) THE OUTCOME OF THE APPEALS.

**15-1705.**

ON OR BEFORE DECEMBER 1 OF EACH YEAR, THE COMMISSIONER AND THE COMMISSION SHALL REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY, ON:

(1) THE NUMBER AND TYPES OF APPEALS THAT HAVE BEEN FILED BY PHYSICIANS UNDER THIS SUBTITLE AND THE OUTCOME OF THE APPEALS; AND



(2) THE NUMBER OF ENTITIES THAT HAVE BEEN APPROVED BY THE COMMISSION AS RATINGS EXAMINERS UNDER TITLE 19, SUBTITLE 1, PART IV OF THE HEALTH – GENERAL ARTICLE.

~~(A) A CARRIER MAY USE A PHYSICIAN RATING SYSTEM FOR HEALTH BENEFIT PLANS THAT ARE DELIVERED, ISSUED, OR RENEWED IN THE STATE ONLY IF THE PHYSICIAN RATING SYSTEM MEETS THE REQUIREMENTS OF THIS SUBTITLE.~~

~~(B) A CARRIER MAY USE ONLY THE FOLLOWING CATEGORIES OF MEASUREMENTS IN A PHYSICIAN RATING SYSTEM:~~

~~(1) QUALITY OF PERFORMANCE; AND~~

~~(2) COST EFFICIENCY.~~

~~(C) A CARRIER MAY NOT RATE A PHYSICIAN IN A PHYSICIAN RATING SYSTEM BASED SOLELY ON COST EFFICIENCY.~~

~~(D) (1) A CARRIER SHALL CALCULATE AND DISCLOSE SEPARATELY MEASURES OF THE COST EFFICIENCY AND QUALITY OF PERFORMANCE OF A PHYSICIAN.~~

~~(2) IF A CARRIER COMBINES INDIVIDUAL SCORES FOR QUALITY OF PERFORMANCE AND COST EFFICIENCY FOR ONE TOTAL COMBINED SCORE FOR A PHYSICIAN, THE CARRIER SHALL DISCLOSE CLEARLY TO PHYSICIANS UNDER CONTRACT WITH THE CARRIER AND ENROLLEES THE INDIVIDUAL COMPONENT SCORES OF THE PHYSICIAN AND THE PROPORTION OF EACH COMPONENT SCORE OF THE TOTAL COMBINED SCORE.~~

~~(E) AT LEAST 45 DAYS PRIOR TO IMPLEMENTATION OF A MATERIAL CHANGE IN THE PHYSICIAN RATING SYSTEM, A CARRIER SHALL DISCLOSE THE CHANGE TO PHYSICIANS UNDER CONTRACT WITH THE CARRIER.~~

~~(F) IN DETERMINING THE QUALITY OF PERFORMANCE AND THE COST EFFICIENCY OF A PHYSICIAN, A CARRIER SHALL USE APPROPRIATE RISK ADJUSTMENT TO ACCOUNT FOR THE CHARACTERISTICS OF THE PATIENT POPULATION SEEN BY THE PHYSICIAN.~~

~~(G) IN DESCRIBING THE CARRIER'S PHYSICIAN RATING SYSTEM TO PHYSICIANS, THE CARRIER SHALL CLEARLY INDICATE THE MEASUREMENTS FOR EACH CRITERION AND THE RELATIVE WEIGHT OF EACH CRITERION AND MEASUREMENT IN THE OVERALL RATING OF THE PHYSICIAN.~~

~~(H) A CARRIER SHALL DISCLOSE TO PHYSICIANS AND ENROLLEES HOW THE PERSPECTIVES OF ENROLLEES, CONSUMER ADVOCATES, EMPLOYERS, LABOR UNIONS, AND PHYSICIANS WERE INCORPORATED INTO THE DEVELOPMENT OF THE PHYSICIAN RATING SYSTEM.~~

~~(I) A CARRIER SHALL ENSURE THAT THE DATA RELIED ON TO DETERMINE THE RATING OF A PHYSICIAN IN A PHYSICIAN RATING SYSTEM IS ACCURATE.~~

~~(J) A CARRIER SHALL USE ACCURATE MEASUREMENTS TO DETERMINE THE QUALITY OF PERFORMANCE AND COST EFFICIENCY OF A PHYSICIAN.~~

~~15-1703.~~

~~(A) (1) TO DETERMINE QUALITY OF PERFORMANCE IN A PHYSICIAN RATING SYSTEM, A CARRIER SHALL USE MEASURES THAT ARE BASED ON NATIONALLY RECOGNIZED, EVIDENCE-BASED OR CONSENSUS-BASED CLINICAL RECOMMENDATIONS OR GUIDELINES.~~

~~(2) WHEN AVAILABLE, A CARRIER SHALL USE MEASURES TO DETERMINE QUALITY OF PERFORMANCE IN A PHYSICIAN RATING SYSTEM THAT ARE ENDORSED BY ENTITIES WHOSE WORK IN PHYSICIAN QUALITY OF PERFORMANCE IS GENERALLY ACCEPTED IN THE HEALTH CARE INDUSTRY.~~

~~(B) A CARRIER SHALL DISCLOSE TO PHYSICIANS UNDER CONTRACT WITH THE CARRIER THE BASIS OF THE CARRIER'S QUALITY OF PERFORMANCE RATINGS, THE DATA USED TO DETERMINE THE RATINGS, AND THE RELATIVE WEIGHT OR RELEVANCE OF QUALITY OF PERFORMANCE TO THE OVERALL RATING OF A PHYSICIAN IN THE PHYSICIAN RATING SYSTEM.~~

~~(C) A CARRIER SHALL DESCRIBE TO PHYSICIANS UNDER CONTRACT WITH THE CARRIER AND TO A RATINGS EXAMINER THE STATISTICAL BASIS FOR THE NUMBER OF PATIENTS FOR EACH DISEASE STATE OR SPECIALTY.~~

~~(D) IN DETERMINING THE DATA TO BE USED TO MEASURE THE QUALITY OF PERFORMANCE OF A PHYSICIAN, A CARRIER SHALL DETERMINE WHICH PHYSICIANS SHOULD BE HELD REASONABLY ACCOUNTABLE FOR THE CARE OF A PATIENT AND SHALL FULLY DISCLOSE TO PHYSICIANS UNDER CONTRACT WITH THE CARRIER THE METHODOLOGY USED TO DETERMINE HOW DATA WILL BE ATTRIBUTED TO A PHYSICIAN.~~

~~(E) A CARRIER SHALL USE THE MOST CURRENT CLAIMS AND DATA TO MEASURE PHYSICIAN QUALITY OF PERFORMANCE.~~

~~15-1704.~~

~~(A) IN MEASURING THE COST EFFICIENCY OF THE PERFORMANCE OF A PHYSICIAN, A CARRIER SHALL COMPARE PHYSICIANS WITHIN THE SAME SPECIALTY WITHIN THE APPROPRIATE GEOGRAPHICAL MARKET.~~

~~(B) A CARRIER SHALL USE APPROPRIATE AND COMPREHENSIVE EPISODE OF CARE COMPUTER SOFTWARE TO EVALUATE THE COST EFFICIENCY OF THE PERFORMANCE OF A PHYSICIAN.~~

~~(C) A CARRIER SHALL DISCLOSE TO PHYSICIANS UNDER CONTRACT WITH THE CARRIER THE BASIS OF THE CARRIER'S COST EFFICIENCY RATINGS, THE DATA USED TO DETERMINE THE RATINGS, AND THE RELATIVE WEIGHT OR RELEVANCE OF COST EFFICIENCY TO THE OVERALL RATING OF A PHYSICIAN.~~

~~(D) A CARRIER SHALL DESCRIBE TO PHYSICIANS UNDER CONTRACT WITH THE CARRIER AND TO A RATINGS EXAMINER THE STATISTICAL BASIS FOR THE NUMBER OF PATIENT EPISODES OF CARE AND USE ACCURATE MEASUREMENTS OF THE COST EFFICIENCY OF THE PERFORMANCE OF A PHYSICIAN.~~

~~15-1705.~~

~~(A) A CARRIER THAT USES A PHYSICIAN RATING SYSTEM SHALL ESTABLISH A PROCESS FOR ENROLLEES TO SUBMIT COMPLAINTS ABOUT THE PHYSICIAN RATING SYSTEM.~~

~~(B) A CARRIER THAT USES A PHYSICIAN RATING SYSTEM SHALL POST THE FOLLOWING INFORMATION PROMINENTLY ON ITS WEBSITE:~~

~~(1) WHERE AN ENROLLEE CAN FIND THE PHYSICIAN PERFORMANCE RATINGS OF THE CARRIER;~~

~~(2) A DISCLOSURE THAT PHYSICIAN PERFORMANCE RATINGS ARE ONLY A GUIDE TO CHOOSING A PHYSICIAN BECAUSE THESE RATINGS HAVE A RISK OF ERROR AND SHOULD NOT BE THE SOLE BASIS FOR SELECTING A PHYSICIAN;~~

~~(3) AN EXPLANATION OF THE PHYSICIAN RATING SYSTEM, INCLUDING THE BASIS ON WHICH PHYSICIAN PERFORMANCE IS MEASURED AND THE BASIS FOR DETERMINING THAT A PHYSICIAN IS NOT CURRENTLY RATED DUE TO INSUFFICIENT DATA OR A PENDING APPEAL;~~

~~(4) ANY LIMITATIONS OF THE DATA THAT THE CARRIER USES TO MEASURE PHYSICIAN PERFORMANCE;~~

~~(5) DETAILS ON THE FACTORS AND CRITERIA USED IN THE CARRIER'S PHYSICIAN RATING SYSTEM, INCLUDING QUALITY OF PERFORMANCE MEASURES AND COST EFFICIENCY MEASURES; AND~~

~~(6) HOW AN ENROLLEE MAY SUBMIT A COMPLAINT WITH THE CARRIER ABOUT THE PHYSICIAN RATING SYSTEM.~~

~~15-1706.~~

~~(A) AT LEAST 45 DAYS BEFORE MAKING AVAILABLE TO ENROLLEES ANY NEW OR REVISED QUALITY OF PERFORMANCE OR COST EFFICIENCY EVALUATIONS OR ANY NEW OR REVISED INCLUSIONS OR EXCLUSIONS FROM A PHYSICIAN RATING SYSTEM, A CARRIER SHALL PROVIDE EACH PHYSICIAN UNDER CONTRACT WITH THE CARRIER:~~

~~(1) A NOTICE OF THE PROPOSED CHANGE;~~

~~(2) AN EXPLANATION OF THE DATA USED FOR THE PHYSICIAN AND HOW THE PHYSICIAN MAY ACCESS THE DATA;~~

~~(3) THE METHODOLOGY AND MEASURES USED TO ASSESS THE PHYSICIAN; AND~~

~~(4) AN EXPLANATION OF THE RIGHT OF THE PHYSICIAN TO MAKE CORRECTIONS TO THE DATA AND THE RATING AND TO APPEAL.~~

~~(B) A CARRIER SHALL ESTABLISH A PROCESS WHERE A PHYSICIAN UNDER CONTRACT WITH THE CARRIER MAY APPEAL THE RATING RECEIVED UNDER A PHYSICIAN RATING SYSTEM AND MAKE CORRECTIONS TO THE DATA USED TO RATE THE PHYSICIAN IN A PHYSICIAN RATING SYSTEM.~~

~~(C) A RATINGS EXAMINER SHALL HAVE OVERSIGHT AND REVIEW OF THE PHYSICIAN APPEALS PROCESS REQUIRED UNDER SUBSECTION (B) OF THIS SECTION.~~

~~(D) IF A PHYSICIAN FILES A TIMELY APPEAL WITH THE CARRIER, A CARRIER MAY NOT MAKE A CHANGE IN THE QUALITY OF PERFORMANCE OR COST EFFICIENCY RATINGS OF THE PHYSICIAN UNTIL THE APPEAL IS COMPLETED.~~

~~15-1707.~~

~~(A) SUBJECT TO SUBSECTION (B) OF THIS SECTION, A CARRIER SHALL:~~

~~(1) CONTRACT WITH AND PAY FOR A RATINGS EXAMINER TO REVIEW ANY PHYSICIAN RATING SYSTEM OF THE CARRIER;~~

~~(2) COMPLETE AND MAINTAIN IN GOOD STANDING A REVIEW OF THE CARRIER'S PHYSICIAN RATING SYSTEM BY A RATINGS EXAMINER;~~

~~(3) FULLY DISCLOSE TO A RATINGS EXAMINER ITS PROCEDURES FOR ENROLLEE AND PHYSICIAN APPEALS AND GRIEVANCES RELATED TO THE CARRIER'S PHYSICIAN RATING SYSTEM.~~

~~(4) OBTAIN REVIEW BY A RATINGS EXAMINER OF ANY NATIONAL STANDARDIZED REVIEW PROCESSES THAT MAY BE NECESSARY TO ASSURE COMPLIANCE WITH THIS SUBTITLE;~~

~~(5) DISCLOSE THE RESULTS OF ANY REVIEWS CONDUCTED BY A RATINGS EXAMINER OF A PHYSICIAN RATING SYSTEM IN ALL LOCATIONS AND DOCUMENTS THAT DESCRIBE THE PHYSICIAN RATING SYSTEM; AND~~

~~(6) PROVIDE A PLAN TO A RATINGS EXAMINER TO USE AGGREGATED DATA, VALIDATED AS APPROPRIATE, AS A SUPPLEMENT TO TEST THE CARRIER'S CLAIMS DATA.~~

~~(B) A CARRIER MAY NOT IMPLEMENT A PHYSICIAN RATING SYSTEM UNTIL THE CARRIER SUBMITS THE SYSTEM TO THE RATINGS EXAMINER FOR REVIEW.~~

~~15-1708.~~

~~A RATINGS EXAMINER SHALL REPORT ANNUALLY TO THE MARYLAND HEALTH CARE COMMISSION AND THE MARYLAND INSURANCE ADMINISTRATION REGARDING METHODOLOGIES USED IN A PHYSICIAN RATING SYSTEM UNDER REVIEW BY THE RATINGS EXAMINER AND THE EXTENT TO WHICH THE PHYSICIAN RATING SYSTEM COMPLIES WITH THE PROVISIONS OF THIS SUBTITLE.~~

~~15-1709.~~

~~THE COMMISSIONER, IN CONSULTATION WITH THE MARYLAND HEALTH CARE COMMISSION, MAY ADOPT REGULATIONS TO IMPLEMENT THE PROVISIONS OF THIS SUBTITLE.~~

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect ~~October 1, 2009~~ January 1, 2010.

**Approved by the Governor, May 19, 2009.**