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§19–108.3.

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

(2) “Carrier” includes insurers, nonprofit health service plans, health maintenance organizations, third-party administrators, and pharmacy benefits managers.

(3) “Health care provider” includes hospitals, physicians, nurse practitioners, pharmacists, and other persons entitled to reimbursement under § 15–701(a) of the Insurance Article.

(4) “Workgroup” means the Health Care Provider–Carrier Workgroup.

(b) The Commission shall establish a Health Care Provider–Carrier Workgroup.

(c) The purpose of the Workgroup is to provide a mechanism for health care providers and carriers to resolve disputes on issues over which no State agency has statutory or regulatory authority.

(d) The Workgroup shall be composed of representatives of:

(1) Professional organizations or associations of health care providers who bill and receive reimbursement for health care services from carriers;

(2) Carriers or organizations or trade associations representing carriers that reimburse health care providers for health care services provided under health benefit plans; and

(3) Subject to subsection (e)(1)(iii) of this section, consumer organizations.

(e) (1) The Commission shall invite the following to appoint members to the Workgroup:

(i) Professional organizations or associations of health care providers;

(ii) Carriers or organizations or trade associations representing carriers; and

(iii) When appropriate to the issue under discussion, consumer organizations.

(2) Membership in the Workgroup may change depending on the issues

before the Workgroup.

(3) The size of the Workgroup shall be at the discretion of the Commission but large enough to represent the appropriate range of stakeholders.

(f) Workgroup members may not receive compensation or reimbursement for serving on the Workgroup.

(g) The Workgroup shall meet at least quarterly.

(h) Commission staff shall facilitate Workgroup meetings and provide research and other support to the Workgroup.

(i) (1) At least annually, Commission staff shall solicit issues for consideration by the Workgroup.

(2) Issues shall be solicited from:

(i) Members of the General Assembly;

(ii) Professional organizations or associations of health care providers and carriers or organizations or trade associations representing carriers;

(iii) State agencies, including the Department, health occupations boards, the Maryland Insurance Administration, and the Commission; and

(iv) Consumer organizations.

(j) After soliciting issues under subsection (i) of this section, Commission staff shall select the issues to be considered by the Workgroup.

(k) Commission staff shall:

(1) Research each issue before the issue is considered by the Workgroup;

(2) Use the results of the research to inform Workgroup meetings;

(3) Facilitate Workgroup meetings in a way that promotes resolution of disputes on issues and is satisfactory to the members of the Workgroup; and

(4) On or before January 1, 2016, and each year thereafter, submit a report to the Commission and, in accordance with § 2-1246 of the State Government Article, the Senate Finance Committee and the House Health and Government Operations Committee regarding the issues considered by the Workgroup during the preceding year and the outcome of the Workgroup's consideration of each issue.

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