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§19–703.1.

- (a) (1) In this section the following terms have the meanings indicated.
- (2) “Alcohol abuse” has the meaning stated in § 8–101 of this article.
- (3) “Drug abuse” has the meaning stated in § 8–101 of this article.
- (4) “Health benefit plan” has the meaning stated in § 15–1401 of the Insurance Article.
- (5) “Large employer” means an employer that has more than 50 employees and is not a small employer.
- (6) “Managed care system” means a method that a carrier uses to review and preauthorize a treatment plan that a health care practitioner develops for a covered person using a variety of cost containment methods to control utilization, quality, and claims.
- (7) “Partial hospitalization” means the provision of medically directed intensive or intermediate short-term treatment for mental illness, emotional disorders, drug abuse or alcohol abuse for a period of less than 24 hours but more than 4 hours in a day for a member or subscriber in a licensed or certified facility or program.
- (8) “Small employer” means an employer that:
- (i) Employed an average of at least two, but not more than 50 employees on business days during the preceding calendar year; and
- (ii) Employs at least two employees on the first day of the plan year.
- (b) (1) Subject to the provisions of this section, each contract or certificate issued to a member or subscriber by a health maintenance organization that provides health benefits and services for diseases may not discriminate against any person with a mental illness, emotional disorder or a drug abuse or alcohol abuse disorder by failing to provide benefits for treatment and diagnosis of these illnesses under the same terms and conditions as provided for covered benefits offered under the contract or certificate for the treatment of physical illness.
- (2) It shall not be considered to be discriminatory under paragraph (1) of this subsection if at least the following benefits are provided:
- (i) With respect to inpatient benefits provided in a licensed or certified facility, which shall include hospital inpatient benefits, the total number of

days for which benefits are payable shall be at least equal to the same terms and conditions that apply to the benefits available under the contract or certificate for physical illness;

(ii) Except as provided in item (iii) of this paragraph and subject to subsection (e) of this section, with respect to benefits for partial hospitalization, at least 60 days of partial hospitalization shall be covered under the same terms and conditions that apply to the benefit available under the contract or certificate for physical illness;

(iii) For group contracts covering employees of one or more large employers, with respect to benefits for partial hospitalization for the treatment of mental illness, emotional disorders, drug abuse, and alcohol abuse, the greater of:

1. The same benefits payable under the contract for partial hospitalization for physical illness; or

2. At least 60 days of partial hospitalization covered under the same terms and conditions that apply to outpatient treatment of physical illnesses;

(iv) Except as provided in item (v) of this paragraph, with respect to outpatient coverage, other than for inpatient or partial hospitalization services, benefits for covered expenses arising from services, including psychological and neuropsychological testing for diagnostic purposes, that are rendered to treat mental illness, emotional disorders, drug abuse, and alcohol abuse shall be at a rate that is, after the applicable deductible, not less than:

1. 80 percent for the first 5 visits in any calendar year or benefit period of not more than 12 months;

2. 65 percent for the 6th through 30th visit in any calendar year or benefit period of not more than 12 months; and

3. 50 percent for the 31st visit and any visit after the 31st visit in any calendar year or benefit period of not more than 12 months; and

(v) For group contracts covering employees of one or more large employers, benefits for covered outpatient expenses arising from services, including all office visits and psychological and neuropsychological testing for diagnostic purposes, that are rendered to treat mental illness, emotional disorders, drug abuse, and alcohol abuse shall be covered under the same terms and conditions that apply to similar benefits available under the contract for physical illness.

(c) (1) The benefits under this section shall be required only for expenses arising for treatment of mental illnesses, emotional disorders, drug abuse, and alcohol abuse that in the professional judgment of practitioners is medically necessary and treatable.

(2) The benefits required under this section shall be provided as one set of

benefits covering mental illnesses, emotional disorders, drug abuse, and alcohol abuse.

(3) Subject to paragraph (4) of this subsection, the benefits required under this section may be delivered under a managed care system.

(4) For group contracts covering employees of one or more large employers, the benefits required under this section may be delivered under a managed care system only if the benefits for physical illnesses covered under the contract are delivered under a managed care system.

(5) For group contracts covering employees of one or more large employers, the processes, strategies, evidentiary standards, or other factors used to manage the benefits required under this section must be comparable as written and in operation to, and applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used to manage the benefits for physical illnesses covered under the contract.

(6) Except as specifically provided in this section, benefits for illnesses covered by this section and the benefits for physical illnesses covered under a contract or certificate shall have the same terms and conditions.

(7) Except for the coinsurance provisions in subsection (b)(2)(iv) of this section, a contract or certificate that is subject to this section may not have:

(i) Separate lifetime maximums for physical illnesses and illnesses covered under this section;

(ii) Separate deductibles and coinsurance amounts for physical illnesses and illnesses covered under this section; or

(iii) Separate out-of-pocket limits in a benefit period of not more than 12 months for physical illnesses and illnesses covered under this section.

(8) (i) Subject to subparagraph (ii) of this paragraph, any copayments required under a contract or certificate for benefits for illnesses covered under this section shall be:

1. Actuarially equivalent to any coinsurance requirements under this section; or

2. Where there are no coinsurance requirements, not greater than a copayment required for a benefit under the contract or a certificate for a physical illness.

(ii) A health maintenance organization may not charge a copayment that is greater than 50% of the daily cost for methadone maintenance treatment.

(d) An office visit to a physician or other health care provider for the purpose of

medication management may not be counted against the number of visits required to be covered as a part of the benefits required under subsection (b)(2)(iv) of this section and shall be reimbursed under the same terms and conditions as an office visit for physical illnesses covered under the contract or certificate.

(e) Nothing in this section shall be construed to prohibit exceeding the minimum benefits required under subsection (b)(2)(ii) or (iii) of this section for any partial hospitalization day that is medically necessary and would serve to prevent inpatient hospitalization.

(f) A health maintenance organization shall provide on its Web site and annually in print to its members:

(1) Notice about the benefits required under this section and, if applicable to the contract of the member, the federal Mental Health Parity and Addiction Equity Act; and

(2) Notice that the member may contact the Maryland Insurance Administration for further information about the benefits.

(g) A health maintenance organization shall:

(1) Post a release of information authorization form on its Web site; and

(2) Provide a release of information authorization form by standard mail within 10 business days after a request for the form is received.

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