

Article - Insurance

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§15–808.

(a) In this section, “home health care” means the continued care and treatment of a covered individual if:

(1) institutionalization of the individual would have been required if home health care was not provided; and

(2) the individual’s physician establishes and approves in writing the plan of treatment covering the home health care service.

(b) This section applies to each individual, group, or blanket health insurance policy that is issued or delivered in the State by an insurer or nonprofit health service plan.

(c) A policy subject to this section that provides coverage for inpatient hospital care on an expense-incurred basis shall provide benefits for the expenses of home health care that is provided by a person licensed under the Health Occupations Article.

(d) Home health care shall be provided by:

(1) a hospital that has a valid operating certificate and is certified to provide home health care services; or

(2) a public or private health service or agency that is licensed as a home health agency under Title 19, Subtitle 4 of the Health - General Article to provide coordinated home health care.

(e) (1) A contract may limit the number of home health care visits, but not to fewer than 40 visits in a calendar year or in a continuous 12-month period for each individual covered under the contract.

(2) In determining the benefits for home health care available to a covered individual:

(i) each visit by a member of a home health care team is considered one home health care visit; and

(ii) up to 4 hours of home health care service is considered one home health care visit.

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