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1998 Regular Session 8lr2152 CF 8lr2153

By: **Delegate Donoghue**Introduced and read first time: February 11, 1998
Assigned to: Economic Matters

	A BILL ENTITLED					
1 A	1 AN ACT concerning					
2 3	Health Insurance - Health Care Providers - Retroactive Denials of Reimbursement					
4 I 5 6 7 8	reimbursement already paid to a health care provider under certain circumstances; making a stylistic change; and generally relating to retroactive					
9 I 10 11 12 13	Section 15-1008Annotated Code of Maryland					
SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:						
16				Article - Insurance		
17 15-1008.						
18	(a)	(1)	In this	section the following words have the meanings indicated.		
19		(2)	"Carrie	r" means:		
20			(i)	an insurer;		
21			(ii)	a nonprofit health service plan;		
22			(iii)	a health maintenance organization;		
23			(iv)	a dental plan organization; or		
24 25	24 (v) any other person that provides health benefit plans subject to 25 regulation by the State.					

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	(3) "Health care provider" means a person or entity licensed, [certified] CERTIFIED, or otherwise authorized under the Health Occupations Article or the Health - General Article to provide health care services.
4 5	(b) (1) If a carrier retroactively denies reimbursement to a health care provider, the carrier:
8	(i) may only retroactively deny reimbursement for services subject to coordination of benefits with another carrier, the Maryland Medical Assistance Program, or the Medicare Program during the 18-month period after the date that the carrier paid the claim submitted by the health care provider; and
	(ii) except as provided in item (i) of this paragraph, may only retroactively deny reimbursement during the 6-month period after the date that the carrier paid the claim submitted by the health care provider.
15 16	(2) EXCEPT FOR CASES OF FRAUD, A CARRIER MAY NOT UNDER ANY CIRCUMSTANCES RETROACTIVELY DENY REIMBURSEMENT OR ATTEMPT IN ANY MANNER TO RETROACTIVELY COLLECT REIMBURSEMENT ALREADY PAID TO A HEALTH CARE PROVIDER FOR SERVICES WHICH WERE PREAUTHORIZED BY THE CARRIER PRIOR TO THE SERVICES BEING PROVIDED.
	[(2)] (3) (i) A carrier that retroactively denies reimbursement to a health care provider under paragraph (1) of this subsection shall provide the health care provider with a written statement specifying the basis for the retroactive denial.
	(ii) If the retroactive denial of reimbursement results from coordination of benefits, the written statement shall provide the name and address of the entity acknowledging responsibility for payment of the denied claim.
26 27 28	(c) Except as provided in subsection (d) of this section, a carrier that does not comply with the provisions of subsection (b) of this section may not retroactively deny reimbursement or attempt in any manner to retroactively collect reimbursement already paid to a health care provider by reducing reimbursements currently owed to the health care provider, withholding future reimbursement, or in any other manner affecting the future reimbursement to the health care provider.
	(d) The provisions of subsection (b)(1) of this section do not apply if a carrier retroactively denies reimbursement to a health care provider because the information submitted to the carrier was fraudulent or improperly coded.
35 36 37	(e) If a carrier retroactively denies reimbursement for services as a result of coordination of benefits under provisions of subsection (b)(1)(i) of this section, the health care provider shall have 6 months from the date of denial, unless a carrier permits a longer time period, to submit a claim for reimbursement for the service to the carrier, Maryland Medical Assistance Program, or Medicare Program responsible for payment.
39 40	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 1998.