

BY: Finance Committee

AMENDMENTS TO HOUSE BILL NO. 40

(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 5, strike “a”; in line 6, strike “term;” and substitute “terms; repealing a certain definition; altering a certain definition;”; in line 6, strike “authorizing” and substitute “requiring, to the extent practicable;”; and in line 7, after “payors;” insert “requiring the Commission to collect certain data regarding certified registered nurse anesthetists and certified nurse midwives; requiring a certain uniform claims form to include certain information;”.

On page 1, after line 13, insert:

“BY repealing and reenacting, without amendments,

Article - Health - General

Section 19-1507(a)

Annotated Code of Maryland

(1996 Replacement Volume and 1998 Supplement)

BY repealing and reenacting, with amendments,

Article - Health - General

Section 19-1507(b)

Annotated Code of Maryland

(1996 Replacement Volume and 1998 Supplement)

BY repealing and reenacting, with amendments,

Article - Insurance

Section 15-1004

Annotated Code of Maryland

(1997 Volume and 1998 Supplement)”.

(Over)

AMENDMENT NO. 2

On page 3, in line 5, strike “approved by the Commission”; strike beginning with “MEANS” in line 6 down through “SERVICES” in line 8 and substitute “MEANS A SYSTEM TO IMPLEMENT CODING GUIDELINES”; after line 8, insert:

“(4) “CODING GUIDELINES” MEANS THOSE STANDARDS OR PROCEDURES USED OR APPLIED BY A PAYOR TO DETERMINE THE MOST ACCURATE AND APPROPRIATE CODE OR CODES FOR PAYMENT BY THE PAYOR FOR A SERVICE OR SERVICES.”; and in line 9, strike “(4)” and substitute “(5)”.

AMENDMENT NO. 3

On page 4, in line 3, strike “GENERAL STANDARDS FOR” and substitute “CODING GUIDELINES”; and in line 4, strike “CODING EDITS IN DESCRIPTIVE TERMS”.

AMENDMENT NO. 4

On page 7, in line 10, after “2.” insert:

“AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article - Health - General

19-1507.

(a) The Commission shall establish a Maryland medical care data base to compile statewide data on health services rendered by health care practitioners and office facilities selected by the Commission.

(b) In addition to any other information the Commission may require by regulation, the medical care data base shall:

(1) Collect for each type of patient encounter with a health care practitioner or office facility designated by the Commission:

- (i) The demographic characteristics of the patient;
- (ii) The principal diagnosis;

- (iii) The procedure performed;
- (iv) The date and location of where the procedure was performed;
- (v) The charge for the procedure;
- (vi) If the bill for the procedure was submitted on an assigned or nonassigned basis; [and]
- (vii) If applicable, a health care practitioner's universal identification number; AND

(VIII) IF THE HEALTH CARE PRACTITIONER RENDERING THE SERVICE IS A CERTIFIED REGISTERED NURSE ANESTHETIST OR CERTIFIED NURSE MIDWIFE, THE IDENTIFICATION MODIFIER FOR THE CERTIFIED REGISTERED NURSE ANESTHETIST OR CERTIFIED NURSE MIDWIFE;

(2) Collect appropriate information relating to prescription drugs for each type of patient encounter with a pharmacist designated by the Commission; and

(3) Collect appropriate information relating to health care costs, utilization, or resources from payors and governmental agencies.

Article - Insurance

15-1004.

(a) For services rendered by a person entitled to reimbursement under § 15-701(a) of this title or by a hospital, as defined in § 19-301 of the Health - General Article, an insurer or nonprofit health service plan:

(1) except as provided in subsection (c) of this section, shall accept the uniform claims form adopted by the Commissioner under § 15-1003 of this subtitle:

(Over)

(i) as a properly filed claim with all necessary documentation; and

(ii) as the sole instrument for reimbursement; and

(2) may not impose as a condition of reimbursement a requirement to:

(i) modify the uniform claims form or its content; or

(ii) submit additional claims forms.

(b) (1) A uniform claims form submitted under this section shall be completed properly and may be submitted by electronic transfer.

(2) IF THE HEALTH CARE PRACTITIONER RENDERING THE SERVICE IS A CERTIFIED REGISTERED NURSE ANESTHETIST OR CERTIFIED NURSE MIDWIFE, THE UNIFORM CLAIMS FORM SHALL INCLUDE THE IDENTIFICATION MODIFIER FOR THE CERTIFIED REGISTERED NURSE ANESTHETIST OR CERTIFIED NURSE MIDWIFE.

(c) If the legitimacy or appropriateness of a health care service is disputed, an insurer or nonprofit health service plan may request additional medical information that describes and summarizes the diagnosis, treatment, and services rendered to the insured.

(d) (1) If necessary to determine eligibility for benefits or to determine coverage, an insurer or nonprofit health service plan may obtain additional information from its insured, the insured's employer, or any other nonprovider third party.

(2) If obtaining additional information results in a delay in paying a claim, the insurer or nonprofit health service plan shall pay interest in accordance with the provisions of § 15-1005(d) of this subtitle.

(e) The Commissioner may impose a penalty not exceeding \$500 on an insurer or nonprofit health service plan that violates this section.

SECTION 3.”;

in line 10, after “That” insert “Section 2 of”; in line 11, strike “July” and substitute “October”; and after line 11, insert:

“SECTION 4. AND BE IT FURTHER ENACTED, That, except as provided in Section 3 of this Act, this Act shall take effect July 1, 1999.”.