

BY: Finance Committee

AMENDMENTS TO SENATE BILL NO. 164

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 3, after "to" insert "document an adverse decision and to"; in the same line, after "a" insert "written"; in lines 4 and 5, in each instance, after "decision" insert "to certain persons"; in line 7, after "decisions" insert "and providing that carriers can comply with this requirement in a certain manner"; in line 9, after "members" insert "and certain health care providers"; in the same line, strike "a"; in line 10, strike "decision" and substitute "decisions and appeal decisions within certain time limits"; in line 11, strike the second "a"; in the same line, strike "decision;" and substitute "decisions and appeal decisions; authorizing the Insurance Commissioner to request authorization to release certain records under certain circumstances;"; in line 12, after "circumstances;" insert "authorizing the Commissioner to consider certain information in reviewing a complaint; requiring the Commissioner to make and issue a final decision on a complaint under certain circumstances;"; in line 13, after "notice" insert "to certain persons; providing that a certain failure of a carrier is a certain violation"; in line 14, strike "action" and substitute "actions"; in line 15, after "regulations;" insert "providing for a delayed effective date for certain provisions of this Act; making stylistic and technical changes;"; and in line 24, strike "15-10D-05" and substitute "15-10D-04".

AMENDMENT NO. 2

On page 2, in line 30, after "SHALL" insert ":

(1) DOCUMENT THE ADVERSE DECISION IN WRITING AFTER THE CARRIER HAS PROVIDED ORAL COMMUNICATION OF THE DECISION TO THE MEMBER OR THE HEALTH CARE PROVIDER ACTING ON BEHALF OF THE MEMBER; AND

(2);

(Over)

in line 31, after "A" insert "WRITTEN"; in the same line, after "MEMBER" insert "AND A HEALTH CARE PROVIDER ACTING ON BEHALF OF THE MEMBER"; and in lines 32 and 34, strike "(1)" and "(2)", respectively, and substitute "(I)" and "(II)", respectively.

On page 3, in lines 3, 11, and 13, strike "(3)", "(4)", and "(5)", respectively, and substitute "(III)", "(IV)", and "(V)", respectively; in lines 5 and 8, strike "(I)" and "(II)", respectively, and substitute "1." and "2.", respectively; in line 12, after "SUBTITLE;" insert "AND"; in lines 14, 17, and 21, strike "(I)", "(II)", and "(III)", respectively, and substitute "1.", "2.", and "3.", respectively; in line 20, strike "AND"; and in line 22, strike "AND" and substitute:

"4. A STATEMENT THAT THE HEALTH ADVOCACY UNIT IS AVAILABLE TO ASSIST THE MEMBER IN BOTH MEDIATING AND FILING A GRIEVANCE UNDER THE CARRIER'S INTERNAL GRIEVANCE PROCESS; AND

5. THE ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER, AND EMAIL ADDRESS OF THE HEALTH ADVOCACY UNIT."

On pages 3 and 4, strike in their entirety the lines beginning with line 23 on page 3 through line 10 on page 4, inclusive.

On page 4, in line 26, after "SHALL" insert ":

(I) DOCUMENT THE GRIEVANCE DECISION IN WRITING AFTER THE CARRIER HAS PROVIDED ORAL COMMUNICATION OF THE DECISION TO THE MEMBER OR THE HEALTH CARE PROVIDER ACTING ON BEHALF OF THE MEMBER; AND

(II);

in line 27, after "A" insert "WRITTEN"; in the same line, after "MEMBER" insert "AND A HEALTH CARE PROVIDER ACTING ON BEHALF OF THE MEMBER"; in lines 28, 30, and 33, strike "(i)", "(ii)", and "(iii)", respectively, and substitute "1.", "2.", and "3.", respectively; and in line 35, strike "1." and substitute "A.".

On page 5, in line 1, strike “2.” and substitute “B.”; in line 4, strike “(iv)” and substitute “4.”; in line 5, strike “1.” and substitute “A.”; in line 6, after “decision;” insert “AND”; strike in their entirety lines 7 through 9, inclusive; in line 10, strike “3.” and substitute “B.”; and strike beginning with “subsections” in line 31 down through “(I)” in line 32 and substitute “SUBSECTION (F)(2)(III), (IV), AND (V)”.

AMENDMENT NO. 3

On page 6, in line 11, after “OFFERS” insert “A”; in lines 11 and 20, in each instance, strike “CARE SERVICES” and substitute “BENEFIT PLAN”; in line 18, after “ORGANIZATION” insert a comma; in line 20, strike “PROVIDES” and substitute “OFFERS A”; in line 22, after the first “A” insert “COVERAGE”; in the same line, strike “NOT TO PAY A CLAIM FOR HEALTH CARE SERVICES”; in line 24, strike “A FINAL” and substitute “AN INITIAL”; in line 27, strike “PAYMENT” and substitute “NONPAYMENT OF ALL OR ANY PART”; after line 29, insert:

“(G) (1) “HEALTH BENEFIT PLAN” MEANS:

(I) A HOSPITAL OR MEDICAL POLICY OR CONTRACT, INCLUDING A POLICY OR CONTRACT ISSUED UNDER A MULTIPLE EMPLOYER TRUST OR ASSOCIATION;

(II) A HOSPITAL OR MEDICAL POLICY OR CONTRACT ISSUED BY A NONPROFIT HEALTH SERVICE PLAN;

(III) A HEALTH MAINTENANCE ORGANIZATION CONTRACT; OR

(IV) A DENTAL PLAN ORGANIZATION CONTRACT.

(2) “HEALTH BENEFIT PLAN” DOES NOT INCLUDE ONE OR MORE, OR ANY COMBINATION OF THE FOLLOWING:

(I) LONG-TERM CARE INSURANCE;

(II) DISABILITY INSURANCE;

(Over)

(III) ACCIDENTAL TRAVEL AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE;

(IV) CREDIT HEALTH INSURANCE;

(V) A HEALTH BENEFIT PLAN ISSUED BY A MANAGED CARE ORGANIZATION, AS DEFINED IN TITLE 15, SUBTITLE 1 OF THE HEALTH-GENERAL ARTICLE;

(VI) DISEASE-SPECIFIC INSURANCE; OR

(VII) FIXED INDEMNITY INSURANCE.”;

and in line 30, strike “(G)” and substitute “(H)”.

On page 7, in line 3, strike “(H)” and substitute “(I)”; in line 9, strike “(I)” and substitute “(J)”; in the same line, strike “BENEFITS” and substitute “SERVICES”; in line 10, strike “CERTIFICATE” and substitute “CONTRACT”; strike in their entirety lines 18 through 24, inclusive; strike beginning with “IN” in line 25 down through “TITLE,” in line 26; and in line 30, after “TITLE” insert “TO COMPLY WITH THE REQUIREMENT OF PARAGRAPH (1) OF THIS SUBSECTION”.

On pages 7 and 8, strike in their entirety the lines beginning with line 31 on page 7 through line 2 on page 8, inclusive, and substitute:

“(B) AN INTERNAL APPEAL PROCESS ESTABLISHED BY A CARRIER UNDER THIS SECTION SHALL PROVIDE THAT A CARRIER RENDER A FINAL DECISION IN WRITING TO A MEMBER, AND A HEALTH CARE PROVIDER ACTING ON BEHALF OF THE MEMBER, WITHIN 60 WORKING DAYS AFTER THE DATE ON WHICH THE APPEAL IS FILED.”.

On page 8, in line 6, strike “(1)”; in line 8, after “CARRIER” insert “ONLY IF THE COVERAGE DECISION INVOLVES AN URGENT MEDICAL CONDITION FOR WHICH CARE HAS NOT BEEN RENDERED”; and strike beginning with “AND” in line 8 down through

“SO” in line 11.

On pages 8 and 9, strike in their entirety the lines beginning with line 12 on page 8 through line 2 on page 9, inclusive, and substitute:

“(E) (1) WITHIN 30 CALENDAR DAYS AFTER A COVERAGE DECISION HAS BEEN MADE, A CARRIER SHALL SEND A WRITTEN NOTICE OF THE COVERAGE DECISION TO THE MEMBER AND, IN THE CASE OF A HEALTH MAINTENANCE ORGANIZATION, THE TREATING HEALTH CARE PROVIDER.

(2) NOTICE OF THE COVERAGE DECISION REQUIRED TO BE SENT UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL:

(I) STATE IN DETAIL IN CLEAR, UNDERSTANDABLE LANGUAGE, THE SPECIFIC FACTUAL BASES FOR THE CARRIER’S DECISION; AND

(II) INCLUDE THE FOLLOWING INFORMATION:

1. THAT THE MEMBER, OR A HEALTH CARE PROVIDER ACTING ON BEHALF OF THE MEMBER, HAS A RIGHT TO FILE AN APPEAL WITH THE CARRIER;

2. THAT THE MEMBER, OR A HEALTH CARE PROVIDER ACTING ON BEHALF OF THE MEMBER, MAY FILE A COMPLAINT WITH THE COMMISSIONER WITHOUT FIRST FILING AN APPEAL, IF THE COVERAGE DECISION INVOLVES AN URGENT MEDICAL CONDITION FOR WHICH CARE HAS NOT BEEN RENDERED;

3. THE COMMISSIONER’S ADDRESS, TELEPHONE NUMBER, AND FACSIMILE NUMBER;

4. THAT THE HEALTH ADVOCACY UNIT IS AVAILABLE TO ASSIST THE MEMBER IN BOTH MEDIATING AND FILING AN APPEAL UNDER THE

(Over)

CARRIER'S INTERNAL APPEAL PROCESS; AND

5. THE ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER, AND EMAIL ADDRESS OF THE HEALTH ADVOCACY UNIT.

(F) (1) WITHIN 30 CALENDAR DAYS AFTER THE APPEAL DECISION HAS BEEN MADE, EACH CARRIER SHALL SEND TO THE MEMBER, AND THE HEALTH CARE PROVIDER ACTING ON BEHALF OF THE MEMBER, A WRITTEN NOTICE OF THE APPEAL DECISION.

(2) NOTICE OF THE APPEAL DECISION REQUIRED TO BE SENT UNDER PARAGRAPH (1) OF THE SUBSECTION SHALL:

(I) STATE IN DETAIL IN CLEAR, UNDERSTANDABLE LANGUAGE THE SPECIFIC FACTUAL BASES FOR THE CARRIER'S DECISION; AND

(II) INCLUDE THE FOLLOWING INFORMATION:

1. THAT THE MEMBER, OR A HEALTH CARE PROVIDER ACTING ON BEHALF OF THE MEMBER, HAS A RIGHT TO FILE A COMPLAINT WITH THE COMMISSIONER WITHIN 60 WORKING DAYS AFTER RECEIPT OF A CARRIER'S APPEAL DECISION; AND

2. THE COMMISSIONER'S ADDRESS, TELEPHONE NUMBER, AND FACSIMILE NUMBER."

On page 9, in lines 3, 8, and 16, strike "(F)", "(G)", and "(H)", respectively, and substitute "(G)", "(H)", and "(I)", respectively; in line 25, strike "15-10D-04." and substitute "15-10D-03.".

On page 10, in line 12, strike "15-10D-05." and substitute "15-10D-04.".

AMENDMENT NO. 4

On page 10, in line 19, strike "July 1, 2000" and substitute "October 1, 2000".