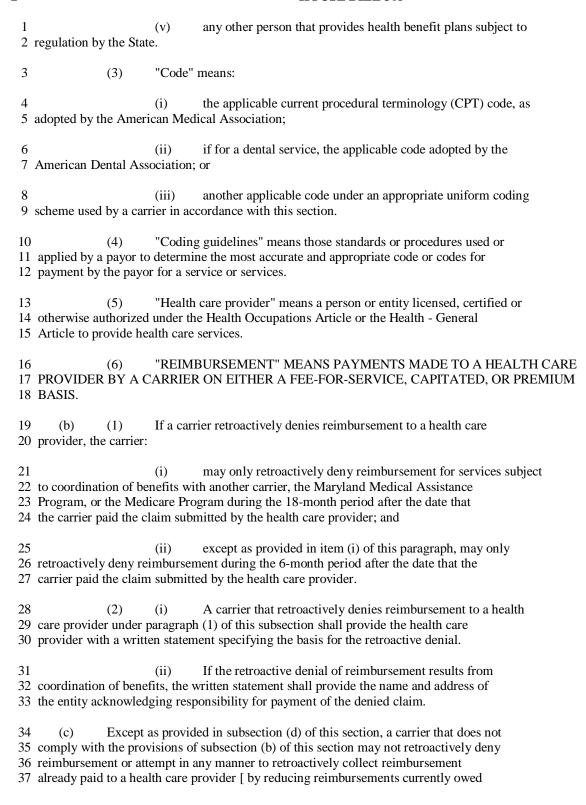
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2000 Regular Session 0lr1806 CF 0lr1656

By: **Delegate Donoghue**Introduced and read first time: January 28, 2000
Assigned to: Economic Matters

		A BILL ENTITLED			
1	1 AN ACT concerning				
2 3	Health Insurance - Retroactive Denial of Reimbursement to Health Care Providers				
4 5 6 7 8 9 10 11	, , , , , , , , , , , , , , , , , , , ,				
12 13 14 15 16	Section 15-1008 Annotated Code of Maryland				
17 18	7 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 8 MARYLAND, That the Laws of Maryland read as follows:				
19	9 Article - Insurance				
20	15-1008.				
21	(a)	(1)	In this s	ection the following words have the meanings indicated.	
22		(2)	"Carrier" means:		
23			(i)	an insurer;	
24			(ii)	a nonprofit health service plan;	
25			(iii)	a health maintenance organization;	
26			(iv)	a dental plan organization; or	

HOUSE BILL 305



HOUSE BILL 305

- 1 to the health care provider, withholding future reimbursement, or in any other 2 manner affecting the future reimbursement to the health care provider]. 3 (d) (1) The provisions of subsection (b)(1) of this section do not apply if: 4 a carrier retroactively denies reimbursement to a health care (i) provider because the information submitted to the carrier was fraudulent or 6 improperly coded; and 7 in the case of improper coding, the carrier has provided to the (ii) 8 health care provider sufficient information regarding the coding guidelines used by 9 the carrier at least 30 days prior to the date the services subject to the retroactive 10 denial were rendered. 11 Information submitted to the carrier may be considered to be 12 improperly coded under paragraph (1) of this subsection if the information submitted 13 to the carrier by the health care provider: 14 uses codes that do not conform with the coding guidelines used (i) 15 by the carrier applicable as of the date the service or services were rendered; or does not otherwise conform with the contractual obligations of 16 (ii) 17 the health care provider to the carrier applicable as of the date the service or services were rendered. 18 19 (e) If a carrier retroactively denies reimbursement for services as a result of 20 coordination of benefits under provisions of subsection (b)(1)(i) of this section, the 21 health care provider shall have 6 months from the date of denial, unless a carrier 22 permits a longer time period, to submit a claim for reimbursement for the service to 23 the carrier, Maryland Medical Assistance Program, or Medicare Program responsible 24 for payment. 25 A HEALTH CARE PROVIDER MAY ENFORCE THE PROVISIONS OF THIS 26 SECTION BY FILING A COMPLAINT WITH THE ADMINISTRATION OR BY FILING A CIVIL 27 ACTION IN A COURT OF COMPETENT JURISDICTION UNDER § 1-501 OR § 4-201 OF THE 28 COURTS ARTICLE.
- 29 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
- 30 October 1, 2000.