

BY: Economic Matters Committee

AMENDMENTS TO HOUSE BILL NO. 805

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, strike “Health Maintenance Organizations -”; in the same line, strike “Noncontracting” and substitute “Health Care”; in the sponsor line, strike “Delegate Donoghue” and substitute “Delegates Donoghue, Barve, Eckardt, Goldwater, Gordon, Hill, Kach, Krysiak, Love, Moe, and Pendergrass”; in lines 4, 7, and 8, in each instance, strike “repealing” and substitute “extending”; in line 4, after the first “of” insert “identifying a certain rate that health maintenance organizations pay to certain health care providers; repealing an obsolete reference;”; in line 10, after “manner;” insert “requiring the Maryland Health Care Commission and the Health Services Cost Review Commission to conduct a certain study and present findings and recommendations from the study to the House Economic Matters and Senate Finance Committees on or before a certain date; specifying certain issues about which the Commissions must make recommendations; specifying a certain intent of the General Assembly that certain licensed entities and individuals cooperate with the Commissions in a certain manner;”; and after line 12, insert:

“BY repealing and reenacting, with amendments,

Article - Health - General

Section 19-710.1(b)

Annotated Code of Maryland

(2000 Replacement Volume and 2001 Supplement)”.

On page 2, in line 8, strike “2.” and substitute “3.”.

AMENDMENT NO. 2

On page 1, strike beginning with the period in line 23 down through “months” in line 24, inclusive; in line 24, strike “2002,” and substitute “2005.”; and in line 26, strike the bracket.

On page 2, in lines 3 and 7, in each instance, strike the bracket.

(Over)

AMENDMENT NO. 3

On page 1, after line 20, insert:

“Article - Health - General

19-710.1.

(b) (1) In addition to any other provisions of this subtitle, for a covered service rendered to an enrollee of a health maintenance organization by a health care provider not under written contract with the health maintenance organization, the health maintenance organization or its agent:

(i) Shall pay the health care provider within 30 days after the receipt of a claim in accordance with the applicable provisions of this subtitle; and

(ii) Shall pay the claim submitted by:

1. A hospital at the rate approved by the Health Services Cost Review Commission;

2. A trauma physician for trauma care rendered to a trauma patient in a trauma center, at the greater of:

A. 140% of the rate paid by the Medicare program, as published by the [Health Care Financing Administration] CENTERS FOR MEDICARE AND MEDICAID SERVICES, for the same covered service, to a similarly licensed provider; or

B. The rate as of January 1, 2001 that the health maintenance organization paid in the same geographic area, AS PUBLISHED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES for the same covered service, to a similarly licensed provider; and

3. Any other health care provider at the greater of:

A. 125% of the rate the health maintenance organization pays in the same geographic area, AS PUBLISHED BY THE CENTERS FOR MEDICARE AND

MEDICAID SERVICES for the same covered service, to a similarly licensed provider under written contract with the health maintenance organization; or

B. The rate as of January 1, 2000 that the health maintenance organization paid in the same geographic area, AS PUBLISHED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES for the same covered service, to a similarly licensed provider not under written contract with the health maintenance organization.

(2) A health maintenance organization shall disclose, on request of a health care provider not under written contract with the health maintenance organization, the reimbursement rate required under paragraph (1)(ii)2 and 3 of this subsection.

(3) (i) Subject to subparagraph (ii) of this paragraph, a health maintenance organization may require a trauma physician not under contract with the health maintenance organization to submit appropriate adjunct claims documentation and to include on the uniform claim form a provider number assigned to the trauma physician by the health maintenance organization.

(ii) If a health maintenance organization requires a trauma physician to include a provider number on the uniform claim form in accordance with subparagraph (i) of this paragraph, the health maintenance organization shall assign a provider number to a trauma physician not under contract with the health maintenance organization at the request of the physician.

(4) A trauma center, on request from a health maintenance organization, shall verify that a licensed physician is credentialed or otherwise designated by the trauma center to provide trauma care.”.

AMENDMENT NO. 4

On page 2, after line 7, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Health Care Commission and the Health Services Cost Review Commission shall jointly study and make recommendations to the House Economic Matters and

(Over)

Senate Finance Committees regarding health care provider reimbursements by commercial insurers and self-pay patients in the State.

(b) In performing the study, the Commissions shall develop recommendations on the following issues:

(i) whether the State should maintain a prohibition against the balance billing of health maintenance organization subscribers for noncovered services;

(ii) the feasibility and desirability of the development of a provider rate setting system that would establish both minimum and maximum reimbursement levels for health care services delivered in the State;

(iii) the feasibility and desirability of expanding the hospital rate setting system to include reimbursement of hospital-based physicians;

(iv) the feasibility of establishing an uncompensated care fund to subsidize reimbursements to providers that deliver a disproportionate amount of uncompensated care to State residents, including emergency room physicians, trauma physicians, hospital-based physicians, and other health care providers as determined by the Commissions;

(v) the prevalence of and justifications for health care provider reimbursement methodologies employed by commercial insurance carriers that are based on provider licensure; and

(vi) the level of reimbursement provided by commercial payers in the State as a percentage of provider costs compared to reimbursement provided by public payers as a percentage of provider costs;

(c) It is the intent of the General Assembly that licensed entities and individuals including health insurers, nonprofit health service plans, health maintenance organizations, hospitals, physicians, and nonphysician providers cooperate with the Commissions in the execution of the study by providing data in a timely and complete manner.

(d) The findings and recommendations of the study shall be presented, subject to

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§ 2-1246 of the State Government Article, to the House Economic Matters Committee and Senate Finance Committee on or before January 1, 2004.”.