

BY: Finance Committee

AMENDMENTS TO SENATE BILL NO. 466

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, 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:”; 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)””.

AMENDMENT NO. 2

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:

(Over)

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 & 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 & 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 & 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 & 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.”.