

Department of Legislative Services
Maryland General Assembly
2004 Session

FISCAL AND POLICY NOTE
Revised

Senate Bill 451

(Senators Astle and Stoltzfus)

Finance

Health and Government Operations

Health Care Providers - Collection of Medicare Approved or Limiting Amounts

This bill permits a health care provider to balance bill an HMO enrollee for any remaining amounts owed for health care services provided in situations where Medicare is the primary insurer, the HMO is the secondary insurer, and coordination of benefits has been completed. The health care provider may bill the enrollee for any amount up to the Medicare approved or limiting amount that is not owed by Medicare or the HMO to the provider.

Fiscal Summary

State Effect: Any additional complaints filed with the Maryland Insurance Administration (MIA) could be handled with existing MIA budgeted resources. No effect on revenues.

Local Effect: None.

Small Business Effect: Potential minimal. Health care providers would be permitted to collect applicable Medicare copayments from enrollees.

Analysis

Current Law: A health care provider may not balance bill an HMO enrollee for any portion of services provided that were not covered by the HMO. A health care provider may collect applicable HMO copayments or coinsurance from the HMO enrollee.

Additional Information

Prior Introductions: None.

Cross File: HB 1031 (Delegate Donoghue, *et al.*) – Health and Government Operations.

Information Source(s): Department of Health and Mental Hygiene (Medicaid, Boards and Commissions, Board of Nursing), Maryland Insurance Administration, Department of Legislative Services

Fiscal Note History: First Reader - February 16, 2004
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