
By: **Delegates Bromwell and Haynes**

Introduced and read first time: January 25, 2006

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Private Review Agents - Treatment Plan Form - Form Mandated by Another**
3 **State**

4 FOR the purpose of requiring a private review agent that requires a health care
5 provider to submit a treatment plan in order for the private review agent to
6 conduct utilization review of proposed or delivered services for the treatment of
7 a mental illness, emotional disorder, or a substance abuse disorder to accept a
8 treatment plan form mandated by the state in which the service was provided,
9 under certain circumstances; and generally relating to treatment plan forms for
10 private review agent utilization review.

11 BY repealing and reenacting, with amendments,
12 Article - Insurance
13 Section 15-10B-06
14 Annotated Code of Maryland
15 (2002 Replacement Volume and 2005 Supplement)

16 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
17 MARYLAND, That the Laws of Maryland read as follows:

18 **Article - Insurance**

19 15-10B-06.

20 (a) (1) A private review agent shall:

21 (i) make all initial determinations on whether to authorize or
22 certify a nonemergency course of treatment for a patient within 2 working days after
23 receipt of the information necessary to make the determination;

24 (ii) make all determinations on whether to authorize or certify an
25 extended stay in a health care facility or additional health care services within 1
26 working day after receipt of the information necessary to make the determination;
27 and

28 (iii) promptly notify the health care provider of the determination.

1 (2) If within 3 calendar days after receipt of the initial request for health
2 care services the private review agent does not have sufficient information to make a
3 determination, the private review agent shall inform the health care provider that
4 additional information must be provided.

5 (b) If an initial determination is made by a private review agent not to
6 authorize or certify a health care service and the health care provider believes the
7 determination warrants an immediate reconsideration, a private review agent may
8 provide the health care provider the opportunity to speak with the physician that
9 rendered the determination, by telephone on an expedited basis, within a period of
10 time not to exceed 24 hours of the health care provider seeking the reconsideration.

11 (c) For emergency inpatient admissions, a private review agent may not
12 render an adverse decision solely because the hospital did not notify the private
13 review agent of the emergency admission within 24 hours or other prescribed period
14 of time after that admission if the patient's medical condition prevented the hospital
15 from determining:

16 (1) the patient's insurance status; and

17 (2) if applicable, the private review agent's emergency admission
18 notification requirements.

19 (d) A private review agent may not render an adverse decision as to an
20 admission of a patient during the first 24 hours after admission when:

21 (1) the admission is based on a determination that the patient is in
22 imminent danger to self or others;

23 (2) the determination has been made by the patient's physician or
24 psychologist in conjunction with a member of the medical staff of the facility who has
25 privileges to make the admission; and

26 (3) the hospital immediately notifies the private review agent of:

27 (i) the admission of the patient; and

28 (ii) the reasons for the admission.

29 (e) (1) A private review agent that requires a health care provider to submit
30 a treatment plan in order for the private review agent to conduct utilization review of
31 proposed or delivered services for the treatment of a mental illness, emotional
32 disorder, or a substance abuse disorder:

33 (i) shall accept:

34 1. the uniform treatment plan form adopted by the
35 Commissioner under § 15-10B-03(d) of this subtitle as a properly submitted
36 treatment plan form; OR

1 2. IF A SERVICE WAS PROVIDED IN ANOTHER STATE, A
2 TREATMENT PLAN FORM MANDATED BY THE STATE IN WHICH THE SERVICE WAS
3 PROVIDED; and

4 (ii) may not impose any requirement to:

5 1. modify the uniform treatment plan form or its content; or

6 2. submit additional treatment plan forms.

7 (2) A uniform treatment plan form submitted under the provisions of
8 this subsection:

9 (i) shall be properly completed by the health care provider; and

10 (ii) may be submitted by electronic transfer.

11 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
12 October 1, 2006.