
By: **Delegates Bromwell, Costa, Donoghue, Kach, and Rudolph**

Introduced and read first time: February 9, 2006

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance - Carrier Provider Panels - Participation by Providers**

3 FOR the purpose of requiring a health insurance carrier that uses a provider panel to
4 establish procedures to verify with each provider on the carrier's provider panel,
5 at a certain time, whether the provider is accepting new patients and to
6 promptly update certain information on participating providers; requiring the
7 carrier to establish procedures to ensure that there is a sufficient number of
8 certain providers on the carrier's provider panel to guarantee certain access by
9 an enrollee to covered services; providing that it is an unfair trade practice
10 under certain provisions of law for a carrier to fail to accurately maintain and
11 provide certain information to enrollees or to fail to maintain a certain number
12 of providers on the carrier's provider panel; and generally relating to health
13 insurance carrier provider panels.

14 BY repealing and reenacting, with amendments,
15 Article - Insurance
16 Section 15-112(b) and (j)
17 Annotated Code of Maryland
18 (2002 Replacement Volume and 2005 Supplement)

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

21 **Article - Insurance**

22 15-112.

23 (b) A carrier that uses a provider panel shall establish procedures to:

24 (1) review applications for participation on the carrier's provider panel in
25 accordance with this section;

26 (2) notify an enrollee of:

27 (i) the termination from the carrier's provider panel of the primary
28 care provider that was furnishing health care services to the enrollee; and

1 (ii) the right of the enrollee, on request, to continue to receive
2 health care services from the enrollee's primary care provider for up to 90 days after
3 the date of the notice of termination of the enrollee's primary care provider from the
4 carrier's provider panel, if the termination was for reasons unrelated to fraud, patient
5 abuse, incompetency, or loss of licensure status;

6 (3) notify primary care providers on the carrier's provider panel of the
7 termination of a specialty referral services provider; [and]

8 (4) VERIFY WITH EACH PROVIDER ON THE CARRIER'S PROVIDER PANEL,
9 AT LEAST ANNUALLY, WHETHER THE PROVIDER IS ACCEPTING NEW PATIENTS AND
10 PROMPTLY UPDATE THE INFORMATION ON PARTICIPATING PROVIDERS THAT THE
11 CARRIER IS REQUIRED TO PROVIDE UNDER SUBSECTION (J) OF THIS SECTION;

12 (5) ENSURE THAT THERE IS A SUFFICIENT NUMBER OF PROVIDERS IN
13 EACH SPECIALTY, BOTH ADULT AND PEDIATRIC, ON THE CARRIER'S PROVIDER PANEL
14 TO GUARANTEE THAT AN ENROLLEE CAN ACCESS COVERED SERVICES:

15 (I) IN AN URBAN AREA, WITHIN 10 MILES OR 30 MINUTES FROM
16 THE ENROLLEE'S RESIDENCE; OR

17 (II) IN A RURAL AREA, WITHIN 30 MILES OR 30 MINUTES FROM THE
18 ENROLLEE'S RESIDENCE; AND

19 [(4)] (6) notify a provider at least 90 days before the date of the
20 termination of the provider from the carrier's provider panel, if the termination is for
21 reasons unrelated to fraud, patient abuse, incompetency, or loss of licensure status.

22 (j) (1) A carrier shall make available to prospective enrollees on the
23 Internet and, on request of a prospective enrollee, in printed form:

24 (i) a list of providers on the carrier's provider panel; and

25 (ii) information on providers that are no longer accepting new
26 patients.

27 (2) A carrier shall notify each enrollee at the time of initial enrollment
28 and renewal about how to obtain the following information on the Internet and in
29 printed form:

30 (i) a list of providers on the carrier's provider panel; and

31 (ii) information on providers that are no longer accepting new
32 patients.

33 (3) (i) Information provided in printed form under paragraphs (1) and
34 (2) of this subsection shall be updated at least once a year.

35 (ii) Information provided on the Internet under paragraphs (1) and
36 (2) of this subsection shall be updated at least once every 15 days.

1 (4) A policy, certificate, or other evidence of coverage shall:

2 (i) indicate clearly the office in the Administration that is
3 responsible for receiving and responding to complaints from enrollees about carriers;
4 and

5 (ii) include the telephone number of the office and the procedure for
6 filing a complaint.

7 (5) IT IS AN UNFAIR TRADE PRACTICE UNDER § 27-102 OF THIS ARTICLE
8 FOR A CARRIER TO:

9 (I) FAIL TO ACCURATELY MAINTAIN AND PROVIDE TO ENROLLEES
10 INFORMATION ON WHETHER A PROVIDER IS ACCEPTING NEW PATIENTS; OR

11 (II) FAIL TO MAINTAIN A SUFFICIENT NUMBER OF PROVIDERS ON
12 THE CARRIER'S PROVIDER PANEL TO MEET THE REQUIREMENTS OF SUBSECTION
13 (B)(5) OF THIS SECTION.

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