C3 6lr3401

By: Delegate Barve

Introduced and read first time: February 21, 2006 Assigned to: Rules and Executive Nominations

A BILL ENTITLED

1 AN ACT concerning

2 Health Insurance - Participation of Providers on Multiple Provider Panels

- 3 FOR the purpose of repealing certain provisions of law that prohibit certain insurance
- 4 carriers from requiring certain health care providers to serve on provider panels
- for multiple health benefit plans of a carrier under certain circumstances;
- 6 prohibiting a provider contract between certain persons and certain health care
- 7 providers from containing a requirement that, as a condition of participation on
- 8 a provider panel of a carrier, a health care provider must participate on another
- 9 provider panel of the same carrier or a provider panel of a different carrier;
- providing that a carrier is responsible for a violation of certain provisions of this
- 11 Act regardless of whether the carrier has subcontracted with a certain affiliate
- or entity; providing for the application of this Act; defining certain terms;
- making a conforming change; and generally relating to participation of health
- care providers on provider panels.
- 15 BY repealing and reenacting, without amendments,
- 16 Article Insurance
- 17 Section 15-112(a)
- 18 Annotated Code of Maryland
- 19 (2002 Replacement Volume and 2005 Supplement)
- 20 BY repealing and reenacting, with amendments,
- 21 Article Insurance
- 22 Section 15-112(1)
- 23 Annotated Code of Maryland
- 24 (2002 Replacement Volume and 2005 Supplement)
- 25 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
- 26 MARYLAND, That the Laws of Maryland read as follows:

1					Article - Insurance	
2	15-112.					
3	(a)	(1)	In this s	ection the	e following words have the meanings indicated.	
4		(2)	(i)	"Carrier	" means:	
5				1.	an insurer;	
6				2.	a nonprofit health service plan;	
7				3.	a health maintenance organization;	
8				4.	a dental plan organization; or	
9 10	5. any other person that provides health benefit plans subject to regulation by the State.					
11 12	carrier.		(ii)	"Carrier	" includes an entity that arranges a provider panel for a	
13 14	"Enrollee" means a person entitled to health care benefits from a carrier.					
	(4) "Provider" means a health care practitioner or group of health care practitioners licensed, certified, or otherwise authorized by law to provide health care services.					
				acting en	er panel" means the providers that contract either tity with a carrier to provide health care the carrier's health benefit plan.	
	provider ma			y by cont	er panel" does not include an arrangement in which any cracting with the carrier to provide health care rate.	
24 25	(l) indicated.	(1)	(i)	In this s	ubsection the following words have the meanings	
26 27	of this title.		[(ii)	1.	"Health benefit plan" has the meaning stated in § 15-1201	
28 29	health benef	fit plans t	hat contra	2. act with c	"Health benefit plan" includes dental plans and other lentists to offer dental care services.	
	provider ma			y by cont	er panel" includes an arrangement in which any cracting with the carrier to provide health care rate.]	
33			(II)	"PROV	IDER CONTRACT" MEANS A CONTRACT:	

UNOFFICIAL COPY OF HOUSE BILL 1565

	1. BETWEEN A PROVIDER AND A CARRIER, AN AFFILIATE OF A CARRIER, OR AN ENTITY THAT ARRANGES A PROVIDER PANEL TO SERVE ONE OR MORE CARRIERS; AND
4 5	2. UNDER WHICH THE PROVIDER AGREES TO PROVIDE HEALTH CARE SERVICES TO A CARRIER'S ENROLLEES.
	(III) "PROVIDER PANEL" MEANS THE PROVIDERS THAT CONTRACT EITHER DIRECTLY OR THROUGH A SUBCONTRACTING ENTITY WITH A CARRIER TO PROVIDE HEALTH CARE SERVICES TO THE CARRIER'S ENROLLEES.
11 12 13	[(2) Except as provided in paragraph (3) of this subsection, a carrier that offers coverage for health care services through one or more health benefit plans or contracts with providers to offer health care services through one or more provider panels may not require a provider, as a condition of participation or continuation on a provider panel for one health benefit plan of a carrier, to serve also on a provider panel of another health benefit plan of the carrier.
17 18	(3) Subject to § 15-102.5 of the Health - General Article, a carrier that offers health care services as a managed care organization as defined under § 15-101(e) of the Health - General Article, may require a provider, as a condition of participation on a provider panel for one or more health benefit plans of the carrier, to serve on a provider panel of the managed care organization.]
22 23	(2) THIS SUBSECTION DOES NOT APPLY TO A CARRIER THAT OFFERS HEALTH CARE SERVICES AS A MANAGED CARE ORGANIZATION, AS DEFINED IN § 15-101 OF THE HEALTH - GENERAL ARTICLE, IF THE CARRIER REQUIRES A PROVIDER, AS A CONDITION OF PARTICIPATION ON A PROVIDER PANEL FOR THE CARRIER, TO ALSO SERVE ON THE PROVIDER PANEL OF THE MANAGED CARE ORGANIZATION.
27	(3) A PROVIDER CONTRACT MAY NOT CONTAIN A PROVISION THAT REQUIRES A PROVIDER, AS A CONDITION OF PARTICIPATION ON A PROVIDER PANEL OF A CARRIER, TO PARTICIPATE ON ANOTHER PROVIDER PANEL OF THE SAME CARRIER OR A PROVIDER PANEL OF A DIFFERENT CARRIER.
29 30	(4) If a provider elects to terminate participation on the provider panel of a [health benefit plan] CARRIER, the provider shall:
31 32	(i) notify the carrier at least 90 days before the date of termination; and
35	(ii) for at least 90 days after the date of the notice of termination, continue to furnish health care services to an enrollee of the carrier for whom the provider was responsible for the delivery of health care services prior to the notice of termination.
	(5) A CARRIER IS RESPONSIBLE FOR A VIOLATION OF ANY PROVISION OF THIS SECTION REGARDLESS OF WHETHER THE CARRIER HAS SUBCONTRACTED WITH AN AFFILIATE OR ENTITY THAT ARRANGES A PROVIDER PANEL.

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