

# CHAPTER 168

## (Senate Bill 601)

AN ACT concerning

### **Health Insurance – Health Care Providers – Reimbursement ~~by Carriers and~~ Charges**

FOR the purpose of prohibiting certain carriers from requiring ~~certain~~ health care providers that ~~deliver~~ provide health care services through a certain group practice or ~~other~~ health care ~~entity~~ facility to be considered participating providers or to accept ~~the~~ a certain reimbursement fee schedule ~~applicable under the contract between the group practice or other health care entity and the carrier for certain health care services delivered by the health care provider under certain circumstances; requiring a certain provider to give certain notice to an enrollee; and generally relating to reimbursement of health care providers by carriers~~ health care provider reimbursement and charges.

BY repealing and reenacting, without amendments,  
Article – Insurance  
Section 15–112(a)(1), (3), (4), and (6)  
Annotated Code of Maryland  
(2006 Replacement Volume and 2006 Supplement)

BY adding to  
Article – Insurance  
Section 15–112(o)  
Annotated Code of Maryland  
(2006 Replacement Volume and 2006 Supplement)

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

### **Article – Insurance**

15–112.

- (a) (1) In this section the following words have the meanings indicated.
- (3) (i) “Carrier” means:

1. an insurer;
2. a nonprofit health service plan;
3. a health maintenance organization;
4. a dental plan organization; or
5. any other person that provides health benefit plans subject to regulation by the State.

(ii) “Carrier” includes an entity that arranges a provider panel for a carrier.

(4) “Enrollee” means a person entitled to health care benefits from a carrier.

(6) “Provider” means a health care practitioner or group of health care practitioners licensed, certified, or otherwise authorized by law to provide health care services.

~~(O) A CARRIER MAY NOT REQUIRE A PROVIDER THAT DELIVERS HEALTH CARE SERVICES THROUGH A GROUP PRACTICE OR OTHER HEALTH CARE ENTITY TO ACCEPT THE REIMBURSEMENT FEE SCHEDULE APPLICABLE UNDER THE CONTRACT BETWEEN THE GROUP PRACTICE OR OTHER HEALTH CARE ENTITY AND THE CARRIER FOR HEALTH CARE SERVICES THE PROVIDER DELIVERS:~~

~~(1) TO ENROLLEES OF THE CARRIER THROUGH A SEPARATE INDIVIDUAL, GROUP, OR OTHER HEALTH CARE PRACTICE ARRANGEMENT; AND~~

~~(2) USING A DIFFERENT FEDERAL TAX IDENTIFICATION NUMBER THAN THAT USED BY THE GROUP PRACTICE OR OTHER HEALTH CARE ENTITY.~~

(O) (1) A CARRIER MAY NOT REQUIRE A PROVIDER THAT PROVIDES HEALTH CARE SERVICES THROUGH A GROUP PRACTICE OR HEALTH CARE FACILITY THAT PARTICIPATES ON THE CARRIER’S PROVIDER PANEL UNDER A CONTRACT WITH THE CARRIER TO BE CONSIDERED A PARTICIPATING PROVIDER OR ACCEPT THE REIMBURSEMENT FEE SCHEDULE APPLICABLE UNDER THE CONTRACT WHEN:

**(I) PROVIDING HEALTH CARE SERVICES TO ENROLLEES OF THE CARRIER THROUGH AN INDIVIDUAL OR GROUP PRACTICE OR HEALTH CARE FACILITY THAT DOES NOT HAVE A CONTRACT WITH THE CARRIER; AND**

**(II) BILLING FOR HEALTH CARE SERVICES PROVIDED TO ENROLLEES OF THE CARRIER USING A DIFFERENT FEDERAL TAX IDENTIFICATION NUMBER THAN THAT USED BY THE GROUP PRACTICE OR HEALTH CARE FACILITY UNDER A CONTRACT WITH THE CARRIER.**

**(2) A NONPARTICIPATING PROVIDER SHALL NOTIFY AN ENROLLEE:**

**(I) THAT THE PROVIDER DOES NOT PARTICIPATE ON THE PROVIDER PANEL OF THE ENROLLEE'S CARRIER; AND**

**(II) OF THE ANTICIPATED TOTAL CHARGES FOR THE HEALTH CARE SERVICES.**

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2007.

**Approved by the Governor, April 24, 2007.**