

HOUSE BILL 413

J4

8lr1419

By: **Delegates Costa and Kipke**

Introduced and read first time: January 28, 2008

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Maintenance Organizations – Nonparticipating Providers – Billing of**
3 **Enrollees and Subscribers for Covered Services**

4 FOR the purpose of allowing certain health care providers and their representatives to
5 collect payments or charges for covered services from certain enrollees or
6 subscribers; and generally relating to billing of enrollees and subscribers of
7 health maintenance organizations by nonparticipating providers.

8 BY repealing and reenacting, with amendments,
9 Article – Health – General
10 Section 19–710(p)
11 Annotated Code of Maryland
12 (2005 Replacement Volume and 2007 Supplement)

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

15 **Article – Health – General**
16 19–710.

17 (p) (1) Except as provided in paragraph (3) of this subsection, individual
18 enrollees and subscribers of health maintenance organizations issued certificates of
19 authority to operate in this State shall not be liable to any health care provider for any
20 covered services provided to the enrollee or subscriber.

21 (2) (i) A health care provider or any representative of a health care
22 provider may not collect or attempt to collect from any subscriber or enrollee any
23 money owed to the health care provider by a health maintenance organization issued a
24 certificate of authority to operate in this State.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (ii) A health care provider or any representative of a health care
2 provider may not maintain any action against any subscriber or enrollee to collect or
3 attempt to collect any money owed to the health care provider by a health
4 maintenance organization issued a certificate of authority to operate in this State.

5 (3) Notwithstanding any other provision of this subsection, a health
6 care provider or representative of a health care provider may collect or attempt to
7 collect from a subscriber or enrollee:

8 (i) Any copayment or coinsurance sums owed by the subscriber
9 or enrollee to a health maintenance organization issued a certificate of authority to
10 operate in this State for covered services provided by the health care provider;

11 (ii) If Medicare is the primary insurer and a health
12 maintenance organization is the secondary insurer, any amount up to the Medicare
13 approved or limiting amount, as specified under the Social Security Act, that is not
14 owed to the health care provider by Medicare or the health maintenance organization
15 after coordination of benefits has been completed, for Medicare covered services
16 provided to the subscriber or enrollee by the health care provider; [or]

17 (iii) Any payment or charges for services that are not covered
18 services; **OR**

19 **(IV) IF THE HEALTH CARE PROVIDER IS NOT UNDER**
20 **WRITTEN CONTRACT WITH THE HEALTH MAINTENANCE ORGANIZATION, ANY**
21 **PAYMENT OR CHARGES FOR COVERED SERVICES PROVIDED BY THE HEALTH**
22 **CARE PROVIDER.**

23 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
24 October 1, 2008.