

HOUSE BILL 815

C3

8lr2318

By: **Delegates Tarrant, Donoghue, James, Nathan-Pulliam, Riley, and Stukes**
Introduced and read first time: February 6, 2008
Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Reimbursement of Health Care Practitioners –**
3 **Information Provided by Carriers**

4 FOR the purpose of increasing the number of fees on a schedule of certain services
5 billed by certain health care practitioners that certain health insurance carriers
6 must provide health care practitioners in a certain manner; requiring certain
7 health insurance carriers to provide certain health care practitioners with a
8 certain pharmaceutical formulary in a certain manner; and generally relating to
9 reimbursement of health care practitioners by carriers under health insurance.

10 BY repealing and reenacting, with amendments,
11 Article – Insurance
12 Section 15–113
13 Annotated Code of Maryland
14 (2006 Replacement Volume and 2007 Supplement)

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

17 **Article – Insurance**

18 15–113.

19 (a) (1) In this section the following words have the meanings indicated.

20 (2) “Carrier” means:

21 (i) an insurer;

22 (ii) a nonprofit health service plan;

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.



1 (iii) a health maintenance organization;

2 (iv) a dental plan organization; or

3 (v) any other person that provides health benefit plans subject
4 to regulation by the State.

5 (3) "Health care practitioner" means an individual who is licensed,
6 certified, or otherwise authorized under the Health Occupations Article to provide
7 health care services.

8 (b) A carrier may not reimburse a health care practitioner in an amount less
9 than the sum or rate negotiated in the carrier's provider contract with the health care
10 practitioner.

11 (c) This section does not prohibit a carrier from providing bonuses or other
12 incentive-based compensation to a health care practitioner if the bonus or other
13 incentive-based compensation:

14 (1) complies with the provisions of § 19-705.1 of the Health – General
15 Article;

16 (2) promotes the delivery of medically appropriate care to an enrollee;
17 and

18 (3) except for the provision of preventive health care services, is not
19 based on the cost, or number of medical services provided, proposed, or recommended
20 by the health care practitioner without reference to the medical appropriateness or
21 necessity of the services.

22 (d) (1) A carrier shall provide a health care practitioner with a written
23 copy of:

24 (i) a schedule of applicable fees for up to the [twenty] **FIFTY**
25 most common services billed by a health care practitioner in that specialty;

26 (ii) a description of the coding guidelines used by the carrier
27 that are applicable to the services billed by a health care practitioner in that specialty;
28 [and]

29 (iii) the information about the practitioner and the methodology
30 that the carrier uses to determine whether to:

31 1. increase or reduce the practitioner's level of
32 reimbursement; and

1 2. provide a bonus or other incentive-based
2 compensation to the practitioner; AND

3 **(IV) THE PHARMACEUTICAL FORMULARY THAT THE CARRIER**
4 **USES.**

5 (2) A carrier shall provide the information required under paragraph
6 (1) of this subsection in each of the following instances:

7 (i) at the time of contract execution;

8 (ii) 30 days prior to a change; and

9 (iii) upon request of the health care practitioner.

10 (3) The Administration may adopt regulations to carry out the
11 provisions of this subsection.

12 (e) (1) A carrier that compensates health care practitioners wholly or
13 partly on a capitated basis may not retain any capitated fee attributable to an enrollee
14 or covered person during an enrollee's or covered person's contract year.

15 (2) A carrier is in compliance with paragraph (1) of this subsection if,
16 within 45 days after an enrollee or covered person chooses or obtains health care from
17 a health care practitioner, the carrier pays to the health care practitioner all accrued
18 but unpaid capitated fees attributable to that enrollee or person that the health care
19 practitioner would have received had the enrollee or person chosen the health care
20 practitioner at the beginning of the enrollee's or covered person's contract year.

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