

HOUSE BILL 1175

C3
SB 749/07 – FIN

8lr0340

By: **Delegate Kach**

Introduced and read first time: February 8, 2008

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Provider Contracts – Conditions of Participation with**
3 **Carriers**

4 FOR the purpose of repealing a prohibition that certain health insurance carriers may
5 not require a health care provider to serve on a provider panel of another health
6 benefit plan of the carrier under certain circumstances; repealing a certain
7 exception to the prohibition for a carrier that offers health care services as a
8 managed care organization; prohibiting a provider contract from containing a
9 provision that requires a provider, as a condition of participation with a carrier,
10 to participate with a different carrier; authorizing a provider contract to contain
11 the prohibited provision under certain circumstances; authorizing a carrier that
12 offers health care services as a managed care organization to require a provider
13 to participate with the managed care organization under certain circumstances;
14 providing that a carrier is responsible for certain violations regardless of
15 whether the carrier has subcontracted with certain entities; defining certain
16 terms; and generally relating to provider contracts and conditions of
17 participation of health care providers with health insurance carriers.

18 BY repealing and reenacting, without amendments,
19 Article – Insurance
20 Section 15–112(a)
21 Annotated Code of Maryland
22 (2006 Replacement Volume and 2007 Supplement)

23 BY repealing and reenacting, with amendments,
24 Article – Insurance
25 Section 15–112(l)
26 Annotated Code of Maryland
27 (2006 Replacement Volume and 2007 Supplement)

28 BY adding to

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



Article – Insurance

Section 15–112.2

Annotated Code of Maryland

(2006 Replacement Volume and 2007 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.

(2) “Ambulatory surgical facility” has the meaning stated in § 19–3B–01 of the Health – General Article.

(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) “Credentialing intermediary” means a person to whom a carrier has delegated credentialing or recredentialing authority and responsibility.

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

(6) “Hospital” has the meaning stated in § 19–301 of the Health – General Article.

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

(8) (i) “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 under the carrier’s health benefit plan.

(ii) “Provider panel” does not include an arrangement in which any provider may participate solely by contracting with the carrier to provide health care services at a discounted fee-for-service rate.

(l) (1) (i) In this subsection the following words have the meanings indicated.

(ii) 1. “Health benefit plan” has the meaning stated in § 15–1201 of this title.

2. “Health benefit plan” includes dental plans and other health benefit plans that contract with dentists to offer dental care services.

(iii) “Provider panel” includes an arrangement in which any provider may participate solely by contracting with the carrier to provide health care services at a discounted fee-for-service rate.

(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.

(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.

(4)] If a provider elects to terminate participation on the provider panel of a health benefit plan, the provider shall:

(i) notify the carrier at least 90 days before the date of termination; and

(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.

15–112.2.

1 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE
2 MEANINGS INDICATED.

3 (2) “CARRIER” MEANS:

4 (I) AN INSURER;

5 (II) A NONPROFIT HEALTH SERVICE PLAN;

6 (III) A HEALTH MAINTENANCE ORGANIZATION; OR

7 (IV) A DENTAL PLAN ORGANIZATION.

8 (3) “ENROLLEE” MEANS A PERSON ENTITLED TO HEALTH CARE
9 BENEFITS FROM A CARRIER.

10 (4) “PROVIDER” MEANS A HEALTH CARE PRACTITIONER OR
11 GROUP OF HEALTH CARE PRACTITIONERS LICENSED, CERTIFIED, OR
12 OTHERWISE AUTHORIZED BY LAW TO PROVIDE HEALTH CARE SERVICES.

13 (5) “PROVIDER CONTRACT” MEANS A CONTRACT:

14 (I) BETWEEN A PROVIDER AND A CARRIER, AN AFFILIATE
15 OF A CARRIER, OR AN ENTITY THAT CONTRACTS WITH A PROVIDER TO SERVE A
16 CARRIER; AND

17 (II) UNDER WHICH THE PROVIDER AGREES TO PROVIDE
18 HEALTH CARE SERVICES TO ENROLLEES.

19 (B) EXCEPT AS PROVIDED IN SUBSECTIONS (C) AND (D) OF THIS
20 SECTION, A PROVIDER CONTRACT MAY NOT CONTAIN A PROVISION THAT
21 REQUIRES A PROVIDER, AS A CONDITION OF PARTICIPATION WITH A CARRIER,
22 TO PARTICIPATE WITH A DIFFERENT CARRIER.

23 (C) A PROVIDER CONTRACT MAY CONTAIN A PROVISION THAT
24 REQUIRES A PROVIDER, AS A CONDITION OF PARTICIPATION WITH A CARRIER,
25 TO PARTICIPATE WITH A DIFFERENT CARRIER IF THE DIFFERENT CARRIER:

26 (1) DOES NOT HAVE LOWER RATES OF REIMBURSEMENT FOR
27 HEALTH CARE SERVICES PROVIDED TO ENROLLEES; AND

28 (2) REIMBURSES THE PROVIDER FOR HEALTH CARE SERVICES
29 PROVIDED TO ENROLLEES ON THE SAME BASIS, EITHER FEE-FOR-SERVICE OR
30 CAPITATED, AS THE CARRIER.

1 (D) **SUBJECT TO § 15-102.5 OF THE HEALTH – GENERAL ARTICLE, A**
2 **CARRIER THAT OFFERS HEALTH CARE SERVICES AS A MANAGED CARE**
3 **ORGANIZATION, AS DEFINED UNDER § 15-101 OF THE HEALTH – GENERAL**
4 **ARTICLE, MAY REQUIRE A PROVIDER, AS A CONDITION OF PARTICIPATION WITH**
5 **THE CARRIER, TO PARTICIPATE WITH THE MANAGED CARE ORGANIZATION.**

6 (E) **A CARRIER IS RESPONSIBLE FOR A VIOLATION OF ANY PROVISION**
7 **OF THIS SECTION REGARDLESS OF WHETHER THE CARRIER HAS**
8 **SUBCONTRACTED WITH AN AFFILIATE OR ENTITY THAT CONTRACTS WITH A**
9 **PROVIDER.**

10 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
11 June 1, 2008.