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8lr2039 CF HB 594

By: Senators Astle, Della, and Klausmeier

Introduced and read first time: February 1, 2008 Assigned to: Finance

Committee Report: Favorable with amendments Senate action: Adopted Read second time: March 30, 2008

CHAPTER _____

1 AN ACT concerning

Health Insurance - Carrier Credentialing - Reimbursement of Providers of Health Care Services

4 FOR the purpose of requiring certain carriers to reimburse providers a certain group 5 practice at a certain rate during a certain time period for certain health care 6 services provided to enrollees on or after a certain date by a certain provider 7 under certain circumstances; requiring a carrier to reimburse a provider as a 8 nonparticipating provider under certain circumstances; prohibiting a health 9 maintenance organization from denving payment to a provider under certain 10 circumstances; prohibiting a certain provider from holding an enrollee of a carrier liable for a certain cost with certain exceptions; authorizing a carrier to 11 require a group practice to disclose certain information to an enrollee; 12 13 authorizing a carrier to require a certain disclosure to be in writing and acknowledged by an enrollee; authorizing a carrier to require a certain 14 15disclosure as a condition of reimbursement at a certain rate under certain 16 circumstances; defining certain terms; and generally relating to credentialing and reimbursement of providers of health care services. 17

- 18 BY repealing and reenacting, with amendments,
- 19 Article Insurance
- 20 Section $\frac{15-112(d)}{15-112(a)}$
- 21 Annotated Code of Maryland
- 22 (2006 Replacement Volume and 2007 Supplement)
- 23 BY repealing and reenacting, without amendments,
- 24 <u>Article Insurance</u>

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



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$ \begin{array}{c} 1 \\ 2 \\ 2 \end{array} $	<u>Section 15–112(d)</u> <u>Annotated Code of Maryland</u> (2006 Perlagement Volume and 2007 Supplement)		
3 4 5 6 7 8	(2006 Replacement Volume and 2007 Supplement) <u>BY adding to</u> <u>Article – Insurance</u> <u>Section 15–112(q)</u> <u>Annotated Code of Maryland</u> (2006 Replacement Volume and 2007 Supplement)		
9 10	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:		
11	Article – Insurance		
12	15–112.		
13	(a) (1) In this section the following words have the meanings indicated.		
$14\\15$	(2) <u>"Accredited hospital" has the meaning stated in §</u> 19–301 of the Health – General Article.		
16 17	[(2)] (3) <u>"Ambulatory surgical facility" has the meaning stated in §</u> <u>19–3B–01 of the Health – General Article.</u>		
18	[(3)] (4) (i) <u>"Carrier" means:</u>		
19	<u>1. an insurer;</u>		
20	<u>2.</u> <u>a nonprofit health service plan;</u>		
21	<u>3.</u> <u>a health maintenance organization;</u>		
22	<u>4.</u> <u>a dental plan organization; or</u>		
$\begin{array}{c} 23\\ 24 \end{array}$	<u>5.</u> <u>any other person that provides health benefit plans</u> <u>subject to regulation by the State.</u>		
25 26	(ii) <u>"Carrier" includes an entity that arranges a provider panel</u> for a carrier.		
27 28	[(4)] (5) <u>"Credentialing intermediary" means a person to whom a</u> carrier has delegated credentialing or recredentialing authority and responsibility.		
29 30	[(5)] (6) <u>"Enrollee" means a person entitled to health care benefits</u> from a carrier.		

$egin{array}{c} 1 \ 2 \end{array}$	[(6)] (7) <u>"Hospital" has the meaning stated in § 19–301 of the Health</u> <u>– General Article.</u>		
$\frac{3}{4}$	(8) <u>"Participating provider" means a provider on a</u> <u>Carrier's provider panel.</u>		
5 6 7	[(7)] (9) <u>"Provider" means a health care practitioner or group of health care practitioners licensed, certified, or otherwise authorized by law to provide health care services.</u>		
8 9 10	[(8)] (10) (i) <u>"Provider panel" means the providers that contract</u> 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.		
$11 \\ 12 \\ 13$	(ii) <u>"Provider panel" does not include an arrangement in which</u> <u>any provider may participate solely by contracting with the carrier to provide health</u> <u>care services at a discounted fee-for-service rate.</u>		
$\begin{array}{c} 14 \\ 15 \end{array}$	$(d) \qquad (1) \qquad A \ provider \ that \ seeks \ to \ participate \ on \ a \ provider \ panel \ of \ a \ carrier \ shall \ submit \ an \ application \ to \ the \ carrier.$		
16 17 18	(2) (i) Subject to paragraph (3) of this subsection, the carrier, after reviewing the application, shall accept or reject the provider for participation on the carrier's provider panel.		
19 20 21	(ii) If the carrier rejects the provider for participation on the carrier's provider panel, the carrier shall send to the provider at the address listed in the application written notice of the rejection.		
$22 \\ 23 \\ 24$	(3) (i) Except as provided in paragraph (4) of this subsection, within 30 days after the date a carrier receives a completed application, the carrier shall send to the provider at the address listed in the application written notice of:		
$\begin{array}{c} 25\\ 26 \end{array}$	1. the carrier's intent to continue to process the provider's application to obtain necessary credentialing information; or		
27 28	2. the carrier's rejection of the provider for participation on the carrier's provider panel.		
29 30 31	(ii) The failure of a carrier to provide the notice required under subparagraph (i) of this paragraph is a violation of this article and the carrier is subject to the penalties provided by $4-113(d)$ of this article.		
32 33 34	(iii) Except as provided in subsection (p) of this section, if, under subparagraph (i)1 of this paragraph, a carrier provides notice to the provider of its intent to continue to process the provider's application to obtain necessary		

credentialing information, the carrier, within 120 days after the date the notice is 1 2 provided, shall: 3 accept or reject the provider for participation on the 1. 4 carrier's provider panel; and 5 2. send written notice of the acceptance or rejection to 6 the provider at the address listed in the application. 7 The failure of a carrier to provide the notice required under (iv) subparagraph (iii)2 of this paragraph is a violation of this article and the carrier is 8 subject to the provisions of and penalties provided by §§ 4-113 and 4-114 of this 9 10 article. 11 (4)(i) A carrier that receives an incomplete application shall return the application to the provider at the address listed in the application within 10 12days after the date the application is received. 1314 The carrier shall indicate to the provider what information (ii) is needed to make the application complete. 1516 (iii) The provider may return the completed application to the 17 carrier. 18 After the carrier receives the completed application, the (iv)carrier is subject to the time periods established in paragraph (3) of this subsection. 19 20 A carrier may charge a reasonable fee for an application submitted (5)21to the carrier under this section. 22(6) IF A CARRIER ACCEPTS A PROVIDER FOR PARTICIPATION ON 23THE CARRIER'S PROVIDER PANEL, THE CARRIER SHALL REIMBURSE THE $\mathbf{24}$ PROVIDER FOR ANY COVERED HEALTH CARE SERVICES THAT THE PROVIDER 25PROVIDES TO ENROLLEES OF THE CARRIER ON OR AFTER THE DATE THAT THE 26PROVIDER'S COMPLETED APPLICATION WAS SUBMITTED TO THE CARRIER, $\mathbf{27}$ NOTWITHSTANDING SUBSECTION (0)(1) OF THIS SECTION, A **(Q)** (1) 28CARRIER SHALL REIMBURSE A GROUP PRACTICE ON THE CARRIER'S PROVIDER 29PANEL AT THE PARTICIPATING PROVIDER RATE FOR COVERED SERVICES 30 PROVIDED BY A PROVIDER WHO IS NOT A PARTICIPATING PROVIDER IF: 31**(I)** THE PROVIDER IS EMPLOYED BY OR A MEMBER OF THE 32**GROUP PRACTICE:** 33 **(II)** THE PROVIDER HAS APPLIED FOR ACCEPTANCE ON THE 34CARRIER'S PROVIDER PANEL AND THE CARRIER HAS NOTIFIED THE PROVIDER

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1	OF THE CARRIER'S INTENT TO CONTINUE TO PROCESS THE PROVIDER'S		
2	APPLICATION TO OBTAIN NECESSARY CREDENTIALING INFORMATION;		
3	(III) THE DOWNED HAS A VALID LICENSE ISSUED BY A		
3 4	(III) THE PROVIDER HAS A VALID LICENSE ISSUED BY A		
4	HEALTH OCCUPATIONS BOARD TO PRACTICE IN THE STATE; AND		
5	(IV) THE PROVIDER:		
6	<u>1.</u> IS CURRENTLY CREDENTIALED BY AN		
7	ACCREDITED HOSPITAL IN THE STATE; OR		
0			
8	<u>2.</u> HAS PROFESSIONAL LIABILITY INSURANCE.		
9	(2) A CARRIER SHALL REIMBURSE A GROUP PRACTICE ON THE		
10	CARRIER'S PROVIDER PANEL IN ACCORDANCE WITH PARAGRAPH (1) OF THIS		
11	SUBSECTION FROM THE DATE THE NOTICE REQUIRED UNDER SUBSECTION		
12	(D)(3)(I)1 OF THIS SECTION IS SENT TO THE PROVIDER UNTIL THE DATE THE		
13	NOTICE REQUIRED UNDER SUBSECTION (D)(3)(III)2 OF THIS SECTION IS SENT		
14	TO THE PROVIDER.		
15	(3) <u>A CARRIER THAT SENDS WRITTEN NOTICE OF REJECTION OF A</u>		
$\frac{16}{17}$	PROVIDER FOR CREDENTIALING UNDER SUBSECTION (D)(3)(III)2 OF THIS		
18	SECTION SHALL REIMBURSE THE PROVIDER AS A NONPARTICIPATING		
19	PROVIDER FOR COVERED SERVICES PROVIDED ON OR AFTER THE DATE THE NOTICE IS SENT.		
10			
20	(4) A HEALTH MAINTENANCE ORGANIZATION MAY NOT DENY		
21	PAYMENT TO A PROVIDER UNDER THIS SUBSECTION SOLELY BECAUSE THE		
22	PROVIDER WAS NOT A PARTICIPATING PROVIDER AT THE TIME THE SERVICES		
23	WERE PROVIDED TO AN ENROLLEE.		
0.4			
24 95	(5) <u>A PROVIDER WHO IS NOT A PARTICIPATING PROVIDER OF A</u>		
$\frac{25}{26}$	CARRIER AND WHOSE GROUP PRACTICE IS ELIGIBLE FOR REIMBURSEMENT		
$\frac{20}{27}$	UNDER PARAGRAPH (1) OF THIS SUBSECTION MAY NOT HOLD AN ENROLLEE OF THE CARDIER LIARLE FOR THE COST OF ANY COVERED SERVICES PROVIDED TO		
28	THE CARRIER LIABLE FOR THE COST OF ANY COVERED SERVICES PROVIDED TO THE ENROLLEE DURING THE TIME PERIOD DESCRIBED IN PARAGRAPH (2) OF		
29	THIS SUBSECTION, EXCEPT FOR ANY DEDUCTIBLE, COPAYMENT, OR		
30	COINSURANCE AMOUNT OWED BY THE ENROLLEE TO THE GROUP PRACTICE OR		
31	PROVIDER UNDER THE TERMS OF THE ENROLLEE'S CONTRACT OR		
32	CERTIFICATE.		
33	(6) (I) A CARRIER MAY REQUIRE A GROUP PRACTICE TO		

34 DISCLOSE TO AN ENROLLEE AT THE TIME SERVICES ARE PROVIDED THAT:

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1 2	<u>1.</u> <u>PARTICIPATING PROVIDER;</u>	THE TREATING PROVIDER IS NOT A
$\frac{3}{4}$	<u>2.</u> BECOME A PARTICIPATING PR	<u>THE TREATING PROVIDER HAS APPLIED TO</u> ROVIDER;
5 6 7	<u>3.</u> ASSESSMENT OF THE QUAI PROVIDE SERVICES AS A PART	THE CARRIER HAS NOT COMPLETED ITS LIFICATIONS OF THE TREATING PROVIDER TO FICIPATING PROVIDER; AND
8 9	<u>4.</u> <u>REIMBURSED BY THE CARRIE</u>	ANY COVERED SERVICES RECEIVED MUST BE R AT THE PARTICIPATING PROVIDER RATE.
10 11	<u>(II)</u> <u>A CA</u> WRITING AND ACKNOWLEDGE	RRIER MAY REQUIRE THE DISCLOSURE TO BE IN ID BY THE ENROLLEE.
$12 \\ 13 \\ 14$		RRIER MAY REQUIRE THE DISCLOSURE TO BE N OF REIMBURSEMENT AT THE PARTICIPATING SUBSECTION IF:
15 16 17	<u>1.</u> DISCLOSURE IS A CONDITIO PROVIDER RATE UNDER THIS	THE CARRIER HAS A UNIFORM POLICY THAT THE ON OF REIMBURSEMENT AT THE PARTICIPATING SUBSECTION;
18 19	<u>2.</u> <u>GROUP PRACTICE:</u>	THE CARRIER DISCLOSES THE POLICY TO THE
20	<u>A.</u>	AT THE TIME OF CONTRACT EXECUTION;
$\begin{array}{c} 21 \\ 22 \end{array}$	<u>B.</u> POLICY;	30 DAYS PRIOR TO IMPLEMENTATION OF THE
23	<u>C.</u>	30 DAYS BEFORE A CHANGE IN THE POLICY; AND
24	<u>D.</u>	AT THE REQUEST OF THE GROUP PRACTICE; AND
25 26	<u>3.</u> policy to the Commission	THE CARRIER PROVIDES A STATEMENT OF THE ER ON REQUEST.
27	SECTION 2. AND BE IT	FURTHER ENACTED, That this Act shall take effect

 27
 SECTION

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 October 1, 2008.