

HOUSE BILL 286

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CF SB 484

By: **Delegates Hubbard, Anderson, Costa, Cullison, Frank, Hammen, A. Kelly, Kipke, Morhaim, Murphy, Nathan-Pulliam, Pendergrass, Ready, Reznik, Rosenberg, and V. Turner, V. Turner, Oaks, Krebs, Donoghue, and Pena-Melnyk**

Introduced and read first time: January 27, 2012

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: February 23, 2012

CHAPTER _____

1 AN ACT concerning

2 **Managed Care Organizations – Medical Loss Ratio Information – Publication**

3 FOR the purpose of requiring the Secretary of Health and Mental Hygiene to publish
4 in a certain manner certain medical loss ratio information provided by certain
5 managed care organizations and certain financial information on the Web site of
6 the Department of Health and Mental Hygiene; and generally relating to
7 managed care organizations and the publication of medical loss ratio
8 information.

9 BY repealing and reenacting, with amendments,
10 Article – Insurance
11 Section 15–605(c)
12 Annotated Code of Maryland
13 (2011 Replacement Volume)

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

16 **Article – Insurance**

17 15–605.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

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



1 (c) (1) (i) Individual health insurance coverage and health insurance
2 coverage offered in the small group and large group markets, as those terms are
3 defined in the federal Public Health Service Act, issued or delivered in the State by an
4 authorized insurer, nonprofit health service plan, or health maintenance organization
5 shall comply with the loss ratio requirements of sections 1001(5) and 10101(f) of the
6 Affordable Care Act, which amend section 2718 of the Public Health Service Act.

7 (ii) The provisions of subparagraph (i) of this paragraph do not
8 apply to coverage for excepted benefits, as defined in 45 C.F.R. § 146.145(c).

9 (iii) The Commissioner may require an insurer, a nonprofit
10 health service plan, or a health maintenance organization to file new rates if the loss
11 ratio reported in the manner required under 45 C.F.R. § 158 is less than that required
12 under subparagraph (i) of this paragraph.

13 (2) The authority of the Commissioner under paragraph (1) of this
14 subsection to require an insurer, nonprofit health service plan, or health maintenance
15 organization to file new rates based on loss ratio:

16 (i) is in addition to any other authority of the Commissioner
17 under this article to require that rates not be excessive, inadequate, or unfairly
18 discriminatory; and

19 (ii) does not limit any existing authority of the Commissioner to
20 determine whether a rate is excessive.

21 (3) (i) In determining whether to require an insurer to file new
22 rates under this subsection, the Commissioner may consider the amount of health
23 insurance premiums earned in the State on individual policies in proportion to the
24 total health insurance premiums earned in the State for the insurer.

25 (ii) The insurer shall provide to the Commissioner the
26 information necessary to determine the proportion of individual health insurance
27 premiums to total health insurance premiums as provided under this paragraph.

28 (4) The Secretary of Health and Mental Hygiene, in consultation with
29 the Commissioner and in accordance with their memorandum of understanding, may
30 adjust capitation payments for a managed care organization or for the Maryland
31 Medical Assistance Program of a managed care organization that is a certified health
32 maintenance organization if the loss ratio is less than 85%.

33 (5) A loss ratio reported under paragraph (4) of this subsection shall
34 be calculated separately and may not be part of another loss ratio reported under this
35 section.

36 (6) Any rebate received by a managed care organization may not be
37 considered part of the loss ratio of the managed care organization.

1 (7) If the Secretary of Health and Mental Hygiene adjusts capitation
2 payments for a managed care organization or a certified health maintenance
3 organization under paragraph (4) of this subsection, the managed care organization or
4 certified health maintenance organization may:

5 (i) appeal the decision of the Secretary to the Board of Review
6 established under Title 2, Subtitle 2 of the Health – General Article; and

7 (ii) take any further appeal allowed by the Administrative
8 Procedure Act under Title 10, Subtitle 2 of the State Government Article.

9 (8) THE SECRETARY OF HEALTH AND MENTAL HYGIENE SHALL
10 PUBLISH IN A CONSPICUOUS MANNER ON THE WEB SITE OF THE DEPARTMENT
11 OF HEALTH AND MENTAL HYGIENE:

12 (I) THE LOSS RATIO, AS DETERMINED BY THE
13 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR EACH MANAGED CARE
14 ORGANIZATION PARTICIPATING IN THE MEDICAL ASSISTANCE PROGRAM, FOR
15 EACH YEAR DURING THE MOST RECENT 3-YEAR PERIOD;

16 (II) FOR EACH YEAR DURING THE 3-YEAR PERIOD, THE
17 AMOUNT TO BE RETURNED TO THE MEDICAL ASSISTANCE PROGRAM, IF ANY,
18 FROM A MANAGED CARE ORGANIZATION FOR FAILING TO MEET THE LOSS RATIO
19 REQUIREMENT UNDER PARAGRAPH (4) OF THIS SUBSECTION; AND

20 (III) ANY AMOUNT DUE TO OR RECEIVED BY THE
21 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FROM A MANAGED CARE
22 ORGANIZATION FOR EACH YEAR DURING THE 3-YEAR PERIOD.

23 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
24 October 1, 2012.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.