

SB0474/593220/1

BY: Finance Committee

AMENDMENTS TO SENATE BILL 474
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in lines 2 and 3, strike “**Acknowledgment of Responsibility for Payment of a**”; in line 3, after “**Denial**” insert “**of Reimbursement**”; in the same line, strike “**Repeal of Applicability**” and substitute “**Information in Written Statement**”; strike beginning with “providing” in line 4 through “claim” in line 7 and substitute “**altering the information that must be included in a written statement provided by a managed care organization to a health care provider when retroactively denying reimbursement as a result of coordination of benefits**”; after line 13, insert:

“BY adding to

Article - Health - General

Section 15-102.3(k)

Annotated Code of Maryland

(2019 Replacement Volume and 2022 Supplement)”;

in line 14, strike “without” and substitute “with”; and in line 16, strike “15–1008(c)(2)(ii)” and substitute “15–1008(c)(2)”.

AMENDMENT NO. 2

On page 2, in line 1, strike the second comma and substitute “, **AND**”; in the same line, strike “, and”; strike beginning with “**15–1008(A)**,” in line 1 through “**(F)**” in line 2; after line 3, insert:

“(K) (1) TO THE EXTENT AUTHORIZED UNDER FEDERAL LAW AND SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE PROVISIONS OF §

15-1008(A), (B), (C)(1) AND (2)(I), (D), (E), AND (F) OF THE INSURANCE ARTICLE SHALL APPLY TO MANAGED CARE ORGANIZATIONS IN THE SAME MANNER THEY APPLY TO CARRIERS.

(2) IF A RETROACTIVE DENIAL OF REIMBURSEMENT IS THE RESULT OF COORDINATION OF BENEFITS, A WRITTEN STATEMENT PROVIDED BY A MANAGED CARE ORGANIZATION TO A HEALTH CARE PROVIDER IN ACCORDANCE WITH § 15-1008(C)(2)(I) OF THE INSURANCE ARTICLE SHALL INCLUDE THE NAME AND ADDRESS OF THE ENTITY IDENTIFIED BY THE MANAGED CARE ORGANIZATION AS RESPONSIBLE FOR PAYMENT OF THE CLAIM.”;

and strike lines 6 through 8, inclusive, and substitute:

“(c) (2) (i) A carrier that retroactively denies reimbursement to a health care provider under paragraph (1) of this subsection shall provide the health care provider with a written statement specifying the basis for the retroactive denial.

(ii) If the retroactive denial of reimbursement results from coordination of benefits BY A CARRIER THAT IS NOT A MANAGED CARE ORGANIZATION, the written statement shall provide the name and address of the entity acknowledging responsibility for payment of the denied claim.”.