J5 4lr1999

By: Delegate Woods

Introduced and read first time: February 9, 2024 Assigned to: Health and Government Operations

A BILL ENTITLED

1	AN ACT	concerning
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Health Insurance – Appeals and Grievances Process – Reporting Requirements and Establishment of Workgroup

- FOR the purpose of requiring certain carriers to report additional data on members and claims to the Maryland Insurance Commissioner; requiring the Maryland Insurance Administration and the Health Education and Advocacy Unit of the Office of the Attorney General jointly to establish a workgroup to study the appeals and grievances process of health insurance claims and submit a report to the General Assembly on or before a certain date; and generally relating to health insurance and the appeals and grievances process.
- 11 BY repealing and reenacting, with amendments,
- 12 Article Insurance
- 13 Section 15–10A–06
- 14 Annotated Code of Maryland
- 15 (2017 Replacement Volume and 2023 Supplement)
- 16 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
- 17 That the Laws of Maryland read as follows:

18 Article – Insurance

- 19 15–10A–06.
- 20 (a) On a quarterly basis, each carrier shall submit to the Commissioner, on the 21 form the Commissioner requires, a report that describes:
- 22 (1) THE NUMBER OF MEMBERS ENTITLED TO HEALTH CARE BENEFITS
- 23 UNDER A POLICY, PLAN, OR CERTIFICATE ISSUED OR DELIVERED IN THE STATE BY
- 24 THE CARRIER;

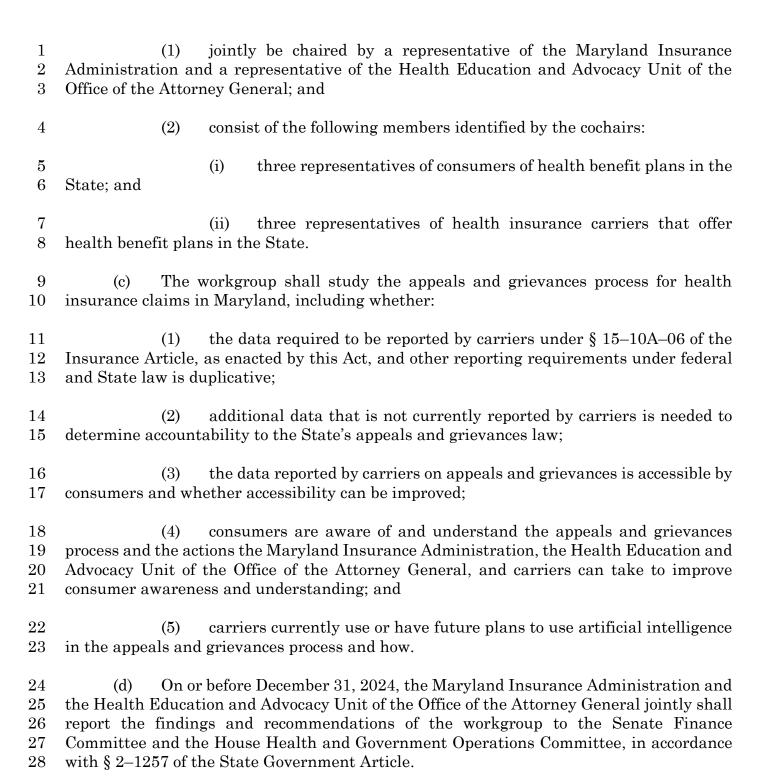


(b)

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The workgroup shall:

$\frac{1}{2}$	(2) THE CARRIER;	THE	NUMBER OF CLAIMS FOR REIMBURSEMENT PROCESSED BY
3	[(1)]	(3)	the activities of the carrier under this subtitle, including:
4		(i)	the outcome of each grievance filed with the carrier;
5 6	emergency cases	(ii) under §	the number and outcomes of cases that were considered 15–10A–02(b)(2)(i) of this subtitle;
7 8	each emergency c	(iii) ase;	the time within which the carrier made a grievance decision on
9 10	all other cases tha	(iv) at were	the time within which the carrier made a grievance decision on not considered emergency cases;
11 12 13	an adverse decision medical procedure		the number of grievances filed with the carrier that resulted from lying length of stay for inpatient hospitalization as related to the yed; and
14 15	15–10A–02(f) of the	(vi) nis sub	the number of adverse decisions issued by the carrier under § title and the type of service at issue in the adverse decisions; and
16 17 18		rrier u	the number and outcome of all other cases that are not subject to nder this subtitle that resulted from an adverse decision involving atient hospitalization as related to the medical procedure involved.
19	(b) The	Commi	ssioner shall:
20	(1)	comp	ile an annual summary report based on the information provided:
21		(i)	under subsection (a) of this section; and
22 23	Article; and	(ii)	by the Secretary under § 19–705.2(e) of the Health – General
24 25	(2) 2–1257 of the Sta	_	de copies of the summary report to the Governor and, subject to § ernment Article, to the General Assembly.
26	SECTION	2. AND	BE IT FURTHER ENACTED, That:
27 28 29	Advocacy Unit of	the Off	and Insurance Administration and the Health Education and ice of the Attorney General jointly shall establish a workgroup to rievances process for health insurance claims in the State.



SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2024.