

HOUSE BILL 917

J5

6lr2503

By: **Delegates Hill, Alston, Kaufman, Taylor, and Woods**

Introduced and read first time: February 5, 2026

Assigned to: Health

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Retroactive Denial of Reimbursement**

3 FOR the purpose of altering the circumstances under which a carrier may retroactively
4 deny reimbursement; altering the information a carrier is required to provide to a
5 health care provider if the carrier retroactively denies reimbursement; prohibiting a
6 carrier from retroactively denying reimbursement under certain circumstances;
7 requiring certain carriers that retroactively deny reimbursement to develop a certain
8 training plan for health care providers; and generally relating to health insurance
9 and the retroactive denial of reimbursement.

10 BY repealing and reenacting, with amendments,
11 Article – Insurance
12 Section 15–1008(c)
13 Annotated Code of Maryland
14 (2017 Replacement Volume and 2025 Supplement)

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

17 **Article – Insurance**

18 15–1008.

19 (c) (1) [If a] **A** carrier **MAY** retroactively [denies] **DENY** reimbursement to a
20 health care provider[, the carrier] **ONLY IF:**

21 (i) [may only retroactively deny] **THE RETROACTIVE DENIAL OF**
22 reimbursement **IS** for services subject to coordination of benefits with another carrier, the
23 Maryland Medical Assistance Program, or the Medicare Program **AND IS MADE** during the
24 18-month period after the date that the carrier paid the health care provider; and

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



(ii) except as provided in item (i) of this paragraph, [may only retroactively deny reimbursement] **THE CARRIER HAS PREVIOUSLY PROVIDED THE HEALTH CARE PROVIDER WITH TRAINING ON REIMBURSEMENT PROTOCOLS, BILLING STANDARDS, AND COMPLIANCE REQUIREMENTS RELATED TO THE RETROACTIVE DENIAL OF REIMBURSEMENT AND THE DENIAL IS MADE during the [6-month] 3-MONTH period after the date that the [carrier paid the] health care provider PROVIDED THE SERVICES.**

(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 **AND ANY SUPPORTING DOCUMENTS OR CALCULATIONS.**

(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.

(3) A CARRIER MAY NOT RETROACTIVELY DENY REIMBURSEMENT FOR A SERVICE:

(I) BASED ON THE OUTCOME OF THE SERVICE; OR

(II) 1. BEFORE HAVING A CONVERSATION WITH THE HEALTH CARE PROVIDER IN WHICH THE HEALTH CARE PROVIDER IS GIVEN THE OPPORTUNITY TO EXPLAIN THE CIRCUMSTANCES, RATIONALE, OR JUSTIFICATION FOR THE SERVICE BEING CONSIDERED FOR RETROACTIVE DENIAL OF REIMBURSEMENT; AND

2. WITHOUT TAKING INTO ACCOUNT THE TOTALITY OF THE CIRCUMSTANCES AS VIEWED PROSPECTIVELY BASED ON THE CIRCUMSTANCES, RATIONALE, OR JUSTIFICATION OFFERED BY THE HEALTH CARE PROVIDER UNDER ITEM 1 OF THIS ITEM.

(4) EACH CARRIER THAT RETROACTIVELY DENIES REIMBURSEMENT SHALL DEVELOP A PLAN FOR TRAINING HEALTH CARE PROVIDERS ON REIMBURSEMENT PROTOCOLS, BILLING STANDARDS, AND COMPLIANCE REQUIREMENTS RELATED TO THE RETROACTIVE DENIAL OF REIMBURSEMENT.

(5) THIS SUBSECTION MAY NOT BE CONSTRUED TO PROHIBIT A HEALTH CARE PROVIDER OR INSURED FROM APPEALING A RETROACTIVE DENIAL OR REIMBURSEMENT AS OTHERWISE AUTHORIZED UNDER THIS TITLE.

1 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
2 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or
3 after January 1, 2027.

4 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
5 January 1, 2027.