

LARRY HOGAN  
Governor

BOYD K. RUTHERFORD  
Lt. Governor

AL REDMER, JR.  
Commissioner



200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202  
Direct Dial: 410-468-2408 Fax: 410-468-2020  
Email: [Michael.paddy@maryland.gov](mailto:Michael.paddy@maryland.gov)  
[www.insurance.maryland.gov](http://www.insurance.maryland.gov)

**TESTIMONY OF  
THE  
MARYLAND INSURANCE ADMINISTRATION  
BEFORE THE  
SENATE FINANCE COMMITTEE**

**JANUARY 15, 2020**

**SENATE BILL 99 – HEALTH INSURANCE BENEFIT CARDS, PRESCRIPTION BENEFIT CARDS, AND  
OTHER TECHNOLOGY - IDENTIFICATION OF REGULATORY AGENCY**

**POSITION: SUPPORT WITH AMENDMENTS**

Thank you for the opportunity to provide written comments regarding Senate Bill 99. Senate Bill 99 requires insurers, nonprofit health service plans, health maintenance organizations, and managed care organizations to indicate on a health insurance benefit card or a prescription benefit card which State agency regulates the policy, either the Maryland Insurance Administration or the Maryland Department of Health.

Senate Bill 99 will address the concerns the Maryland Insurance Administration (MIA) has repeatedly heard from providers and pharmacies on behalf of their patients. Providers have brought to the MIA's attention that they have no guidance as to whether their patients are covered under plans that are regulated by the MIA or by the Maryland Department of Health (MDH). Typically a provider only has access to the benefit card which currently provides no identifying markings to give any indication of where that provider should go to file a complaint or to seek additional information. Senate Bill 99 will correct this problem and will put providers and consumers on the correct path to the appropriate regulator when questions or concerns arise.

A number of states currently require similar information on insurance cards. For example, Colorado requires "CO-DOI" on insurance cards for plans that are regulated by the Colorado Department of Insurance. Texas, another state with a similar statute, currently requires "TDI" or "DOI" on insurance cards issued in the state that are subject to the Texas Department of Insurance regulation. Please see the screenshot below which helps consumers identify where on the insurance card the appropriate regulator information is.

The Maryland Insurance Administration supports Senate Bill 99 as amended and urges the Committee to give Senate Bill 99 a favorable report.

# Screenshot from Texas Department of Insurance Website

Link: <https://www.tdi.texas.gov/consumer/insurance-card-examples.html>

**TDI Texas Department of Insurance**

Google Custom Search

Topics: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All Español

Insurance State Fire Marshal Workers' Compensation

Home Consumers Agents / Adjusters Insurers Health Providers Businesses

Home > Consumers > Health plan ID card examples showing TDI or DOI

## Health plan ID card examples showing TDI or DOI

We can help with issues involving health plans we regulate. **We don't regulate most health plans.**

To find out if we regulate your health plan, check your health insurance card. If it has "TDI" or "DOI" on it, we can help you.

As you can see from the examples below, "TDI" or "DOI" can show up in various locations on ID cards.

**ambetter** FROM Superior healthplan.

**Subscriber:** Jane Doe  
**Member:** John Doe  
**ID #:** U000000000  
**Plan:** Ambetter Balanced Care 1 + Vision + Adult Dental

**Effective Date of Coverage:** XX/XX/XX  
**Rx BIN#:** 008019

**IN NETWORK COVERAGE ONLY**  
**TDI**

**Copays:**  
**PCP:**  
**Specialist:**  
**ER:**

**Coinsurance (Med/RX):**  
**Deductible (Med/RX):**  
**Rx (Generic/Brand):**

**Amerigroup**  
 An Anthem Company  
**AMERIGROUP TEXAS, INC.**

**Member Name:**  
**CHIP-Phorate Number:**  
**Pharmacy: 1-800-600-4441**

**Effective Date:**  
**Date of Birth:**  
**Subscriber #:**  
**Type of Coverage:** CHIP

Amerigroup Member Services and Behavioral Health  
 (24 hours a day, 7 days a week): **1-800-600-4441**  
 24-Hour Nurse HelpLine: **1-800-600-4441**

**TDI**

**BlueCross BlueShield**

**Member Name:**  
**Member ID:** XYZ123456789

**Group No.:** 023457  
**BIN:** 987654  
**Benefit Plan:** HIOP7  
**Effective Date:** 00/00/00

**Dependents:**  
**Dependent One:**  
**Dependent Two:**  
**Dependent Three:**

**Plan:** PPO  
**Office Visit:** \$15  
**Specialist Copay:** \$15  
**Emergency:** \$75  
**Deductible:** \$50

**TDI**

**CHRISTUS Health Plan** TX - EX

**Member:** Medical Plan Co-Pay

**Subscriber Name:**  
**Subscriber ID:**  
**Group Number:**  
**Effective Date:**  
**PCP Name:**  
**PCP Phone:**  
**PCP Effective Date:**

**Pharmacy Plan:**  
**Subst:** EXPRESS SCRIPTS  
**RxPCN:**  
**POC/P:**

**Dependents:**  
 Member 1  
 Member 2  
 Member 3

**www.express-scripts.com**  
 Pharmacy administered by Express Scripts Holding Company

**TDI**

**Molina Marketplace** **TDI**

**ID #:**  
**Member:**  
**DOB:**  
**Subscriber Name:**  
**Subscriber ID:**  
**Provider:**  
**Provider Phone:**  
**Provider Group:**

**Plan:**

**Medical Cost Share:**  
**Primary Care:**  
**Specialist Visits:**  
**Urgent Care:**  
**ER Visit:**

**Prescription Drugs:**  
**Generic Drugs:**  
**Preferred Brand Drugs:**  
**Non-Preferred Brand Drugs:**  
**Specialty Drugs:**

Molina Healthcare Rx Bin: Rx PCN: Rx Group:

**UnitedHealthcare**

**Health Plan:**  
**Member ID:**  
**Member:**  
**Group Number:**

**PCP:**  
**PCP Phone:**

**Copay:**  
**Office:**  
**UrgCare:**  
**ER:**  
**Spec:**  
**Tier 1 OV:**  
**Tier 1 SpecOV:**

**Payer ID:**  
**OPTUMRx:**  
**Rx Bin:**  
**Rx PCN:**  
**Rx Grp:**

**Referrals Required**  
 UnitedHealthcare NexusACO R  
 Underwritten by (Appropriate Legal Entity)

**DOI-0508**

Question? Call us at 1-800-252-3439.

Last updated: 8/21/2019

BY: Maryland Insurance Administration

**AMENDMENTS TO SENATE BILL 99**  
(First Reading File Bill)

**AMENDMENT NO. 1**

On page 2, on Line 19, strike “6” and insert “3”

**AMENDMENT NO. 2**

On page 3, on Line 12, strike “MARYLAND INSURANCE ADMINISTRATION” and replace with “MIA”

On page 3, on Line 14, strike “MARYLAND DEPARTMENT OF HEALTH” and replace with “MDH”

On page 3, on Line 29, strike “MARYLAND INSURANCE ADMINISTRATION” and replace with “MIA”

On page 4, on Line 2, strike “MARYLAND DEPARTMENT OF HEALTH” and replace with “MDH”

**AMENDMENT NO. 3**

On page 4, on Line 9, strike “take effect” and insert “apply to all policies or contracts issued delivered, or renewed in the State on or after January 1, 2021.”