

TO: The Honorable Heather Bagnall, Chair
House Health Committee

HB1450

**Favorable with
Amendments**

FROM: Sameer Sidh
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DATE: March 10, 2026

RE: HB1450 Health Insurance - Coordination of Benefits - Carrier Responsibilities and Retroactive Denials of Reimbursement

Johns Hopkins supports with amendments **HB1450 Health Insurance – Coordination of Benefits – Carrier Responsibilities and Retroactive Denials of Reimbursement**. This bill clarifies the information carriers must share with providers for a coordination of benefits claim. Additionally, this bill shortens the timeframe for which a retroactive denial for coordination of benefits may be issued.

As the Committee is aware, coordination of benefits (COB) is a process used when a person has multiple health insurance plans (e.g., from an employer and a spouse) to determine which plan is "primary" (pays first) and "secondary" (pays remaining costs). As a provider, we request that patients provide *all* insurance information as a matter of practice; however, there are situations when a patient doesn't fulfill that request. We assess and file a claim with a payer based on the information made available to us.

In circumstances where the totality of insurance information isn't provided by a patient, payers will issue a denial (or will "pend" a claim) for COB, but with no additional information to explain the basis for denial. If carriers were required to identify the primary payer and share that information with the provider, the process for reimbursement between primary and secondary plans would be improved dramatically.

Additionally, shortening the timeframe for claims adjudication in such circumstances is important to make sure the providers remain compliant with other timely filing rules. The majority of carriers require providers to bill for services 12 months after the date of service, but the current rules allow carriers 18 months to retroactively deny claims. This mismatch in timing creates a struggle for providers.

We have amendments attached to help achieve the intent of the bill. The attached amendments will achieve the following goals:

1. Ensuring the bill does not apply to MCOs;
2. Clarifying that coordination of benefits information should be shared at the point of denial or the claim being pended, not when a claim is submitted;
3. Clarifying the effective date applies to claims submitted after the effective date.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE WITH AMENDMENTS** committee report on **HB1450 Health Insurance - Coordination of Benefits - Carrier Responsibilities and Retroactive Denials of Reimbursement**.

Suggested Amendments

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “CARRIER” **REFERS TO INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION** ~~HAS THE MEANING STATED IN 15-1008~~

(B) IF A CLAIM IS **DENIED OR PENDED BY** ~~SUBMITTED TO~~ A CARRIER AND IS SUBJECT TO COORDINATION OF BENEFITS WITH ANOTHER PAYOR, THE CARRIER SHALL BE RESPONSIBLE FOR:

SECTION 2. AND BE IT FURTHER ENACTED, THAT THIS ACT SHALL TAKE EFFECT **FOR ALL CLAIMS SUBMITTED** AFTER OCTOBER 1, 2026.