

Article – Health – General
Section 19-710.1
Annotated Code of Maryland
(1996 Replacement Volume and 1996 Supplement)

Preamble

WHEREAS, Section 19-710.1 of the Health – General Article requires HMOs to file with the Maryland Insurance Administration the schedule of fees which the HMO pays to providers not under written contract for services rendered to members of the health maintenance organization; and

WHEREAS, The fee schedules must be based on the usual, reasonable, and customary payments for similar claims; and

WHEREAS, Section 19-710.1 permits an HMO to base Medicaid fee schedules on fees for claims to the U.S. Health Care Financing Administration for services rendered under the Medicaid program; and

WHEREAS, Fee schedules for services rendered to HMO members in the Medicare program should similarly be permitted to be based on U.S. Health Care Financing Administration Medicare fees and the rates paid to HMOs for those services; now, therefore,

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

Article – Health – General

19-710.1.

(a) (1) In this section the following words have the meanings indicated.

(2) “Enrollee” means a subscriber or member of the health maintenance organization.

(3) “Covered service” means a health care service included in the benefit package of the health maintenance organization and rendered to an enrollee of the health maintenance organization by a health care provider, including a physician or hospital, not under written contract with the health maintenance organization:

(i) Pursuant to a verbal or written referral by the enrollee’s health maintenance organization or by a provider under written contract with the enrollee’s health maintenance organization; or

(ii) That has been preauthorized or otherwise approved either verbally or in writing by the enrollee’s health maintenance organization or a provider under written contract with the enrollee’s health maintenance organization.

(4) “Adjunct claims documentation” means an abstract of an enrollee’s medical record which describes and summarizes the diagnosis and treatment of, and services rendered to, the enrollee.