vetoed House Bill 1037 – Health Insurance – Claims for Reimbursement for Health Care Services Rendered.

This bill requires an insurer, nonprofit health service plan or HMO (carrier) that wholly or partially denies a claim for reimbursement to permit a health care provider a minimum of 90 working days after the date of denial to appeal the carrier's decision.

Senate Bill 591, which was passed by the General Assembly and signed by me, accomplishes the same purpose. Therefore, it is not necessary for me to sign House Bill 1037.

Sincerely,
Parris N. Glendening
Governor

House Bill No. 1037

AN ACT concerning

Health Insurance – ~~Appealing Denials of Claims for Reimbursement of~~ Claims for Reimbursement for Health Care Services Rendered

FOR the purpose of clarifying the period of time within which a provider must submit a claim for reimbursement for health care services rendered; requiring an insurer, nonprofit health service plan, or health maintenance organization to permit a provider to appeal a certain denial of a claim for reimbursement ~~of~~ for health care services rendered within a certain period of time; providing for the application of this Act; and generally relating to ~~appealing denials of~~ claims for reimbursement ~~of~~ for health care services rendered under health insurance.

BY repealing and reenacting, with amendments,
Article – Insurance
Section 15–1005
Annotated Code of Maryland
(1997 Volume and 2000 Supplement)

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

Article – Insurance

15–1005.

(a) In this section, "clean claim" means a claim for reimbursement, as defined in regulations adopted by the Commissioner under § 15–1003 of this subtitle.

(b) To the extent consistent with the Employee Retirement Income Security Act of 1974 (ERISA), 29 U.S.C. 1001, et seq., this section applies to an insurer, nonprofit health service plan, or health maintenance organization that acts as a third party administrator.