

MAINE STATE LEGISLATURE

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MINORITY
BANKING AND INSURANCE

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STATE OF MAINE
HOUSE OF REPRESENTATIVES
120TH LEGISLATURE
FIRST REGULAR SESSION

COMMITTEE AMENDMENT "B" to H.P. 336, L.D. 426, Bill, "An Act Concerning Managed Care Provider Agreements"

Amend the bill by striking out everything after the enacting clause and before the summary and inserting in its place the following:

'Sec. 1. 24-A MRSA §4204, sub-§6, ¶C is enacted to read:

C. This subsection does not prohibit a participating provider from seeking reimbursement from a subscriber or enrollee for health care services rendered in good faith when the health maintenance organization has denied coverage because the subscriber or enrollee has failed to abide by a term of the enrollment agreement between the subscriber or enrollee and the health maintenance organization. A participating provider shall notify the subscriber or enrollee in writing of the bureau's Consumer Health Care Division's toll-free telephone number and advise the subscriber or enrollee that the division is available to assist the subscriber or enrollee in determining if the provider is properly exercising a provider's rights under this subsection. The failure of either a participating provider or health maintenance organization to properly process or issue a referral may not be considered the subscriber or enrollee's failure to abide by a term of the enrollment agreement.'

Further amend the bill by inserting at the end before the summary the following:

FISCAL NOTE

The Bureau of Insurance within the Department of Professional and Financial Regulation will incur some minor additional costs to respond to an increased number of calls to the Consumer Health Care Division's toll-free assistance hotline due to participating providers notifying subscribers or enrollees of its availability to assist in determining if the provider is properly exercising its rights. These costs can be absorbed within the bureau's existing budgeted resources.'

SUMMARY

This amendment is the minority report of the committee and replaces the bill. Like the majority report, the amendment clarifies that the "hold harmless" provisions of managed care provider agreements do not prohibit participating providers from seeking reimbursement from an enrollee when the enrollee has not adhered to the terms of the health plan and also provides that the failure of a provider or health maintenance organization to process or issue a referral may not be considered the enrollee's failure to abide by the terms of the health plan. The amendment requires that participating providers notify enrollees of the availability of the Bureau of Insurance's Consumer Health Care Division for assistance in determining whether a participating provider is properly exercising the provider's rights, but does not require that a determination be made that the coverage has properly been denied before permitting a provider to seek reimbursement.

The amendment removes the provisions in the bill relating to "most favored nation" and "all products" clauses in managed care provider agreements.

The amendment also adds a fiscal note to the bill.