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BULLETIN 15-08

To: Insurers, Nonprofit Health Service Plans, and Health Maintenance Organizations
("Carriers")

Re: Physician Rating Systems—Annual Reporting Requirement

Date: April 24, 2015

The purpose of this Bulletin is to remind carriers that utilize a physician rating system of the annual filing requirement in Insurance Article, § 15-1704(c) of the Annotated Code of Maryland. *Carriers that do not use a physician rating system are not required to make a filing.*

A *physician rating system* is a program that (1) measures, rates, or tiers the performance of physicians under contract with the carrier; and (2) discloses the measures, rates, or tiers to enrollees or the public.¹

Section 15-1704(c) of the Insurance Article requires that a carrier using a physician rating system report annually to the Commissioner:

1. The number of appeals filed by physicians under Title 15, Subtitle 17 of the Insurance Article; and
2. The outcome of the appeals.

The report should be submitted to the Commissioner annually on **October 1** and should include the information described above for appeals filed by physicians between July 1 of the prior year through June 30 of the current year.

Questions about this Bulletin may be directed to the Life/Health Section of the Maryland Insurance Administration at 410-468-2170.

Signature on original

Brenda A. Wilson
Associate Commissioner
Life and Health

¹ See § 15-1701(d), Insurance Article.