

- A patient shifting from one insurance product to another would be allowed to continue to see his or her doctor for up to 90-days with the new insurance company being responsible for compensating the doctor.
- Maryland's "Assignment of Benefits" law would apply even after the 90-days meaning that, in certain circumstances, the patient could continue with his or traditional doctor by "assigning" the new insurance benefits.
- All pre-authorizations for treatment from prior plans must be accepted by the enrollee's new plan for a period of the lesser of 90 days or the course of treatment **or the duration of the three trimesters of a pregnancy and the initial postpartum visit.**
- For the lesser of 90 days or the course of treatment, individuals with acute conditions, serious chronic conditions, or mental health or substance use disorders, who are transitioning into another plan will be able to continue to receive services with their current provider at the in-network rate even if the provider is not a participating provider in the new plan. Providers who decline to continue to provide services at the in-network rate **and cannot reach an agreement with the carrier or MCO for an alternative rate is (1) not required to continue to provide the services, (2) may balance bill the enrollee in accordance with §14-205.3, and (3) unless the enrollee has assigned benefits to a nonpreferred provider under §14-205.3, the carrier or managed care organization shall facilitate the transition of the enrollee to a provider on the provider panel of the carrier or managed care organization.**
- These provisions are effective for all contracts issued or renewed on or after January 1, 2015.  
**Yes.**