Unofficial Copy C3 1996 Regular Session 6lr1581

## **By: Delegate Frank** Introduced and read first time: February 2, 1996 Assigned to: Economic Matters

# A BILL ENTITLED

### 1 AN ACT concerning

#### 2 Health Insurance - Claims - Payment of Interest

3 FOR the purpose of altering the circumstances under which a nonprofit health service

- 4 plan, health insurer, or health maintenance organization is not required to pay
- 5 interest on certain unpaid claims; requiring a nonprofit health service plan, health
- 6 insurer, or health maintenance organization to pay interest on certain unpaid claims
- 7 under certain circumstances; and generally relating to the payment of interest on
- 8 claims by a nonprofit health service plan, health insurer, or healthmaintenance
- 9 organization.

10 BY repealing and reenacting, with amendments,

- 11 Article 48A Insurance Code
- 12 Section 354Z(b), 470U(b), and 477AA(b)
- 13 Annotated Code of Maryland
- 14 (1994 Replacement Volume and 1995 Supplement)

15 BY repealing and reenacting, with amendments,

- 16 Article Health General
- 17 Section 19-712.1
- 18 Annotated Code of Maryland
- 19 (1990 Replacement Volume and 1995 Supplement)
- 20 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
- 21 MARYLAND, That the Laws of Maryland read as follows:

| 22 | Article 48A - Insurance | Code |
|----|-------------------------|------|
| 22 | Article 48A - Insurance | Code |

23 354Z.

24 (b) (1) Within 30 days of receipt of a claim for reimbursement from any person 25 under subsection (a) of this section or any hospital or related institution as defined in §

26 19-301 of the Health - General Article, a nonprofit health service planshall:

- 27 (i) Pay the claim in accordance with this subsection; or
- 28 (ii) Send a "notice of receipt and status of the claim" that states that

29 the plan:

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| 1<br>2   | 1. Refuses to reimburse the claim, or a portion of the claim,<br>and provides the specific reasons for denying the claim, or a portion of the claim; or  |
|          | 2. Requires further information to make a determination on reimbursement of the claim, or a portion of the claim, and states what specific additional information is necessary to make the determination.  |
|          | (2) (i) If a nonprofit health service plan fails to comply withparagraph (1) of this subsection, the nonprofit health service plan shall pay interest on that amount of the claim that remains unpaid 30 days after the filing of the claim.                 |
|          | (ii) 1. If a nonprofit health service plan fails to complywith<br>subparagraph (i) of this paragraph, the nonprofit health service plan shall pay interest on<br>the amount of the claim that remains unpaid 30 days after the filing of the claim.          |
| 12<br>13 | 2. The interest paid under this subparagraph shall beat the monthly rate of:   |
| 14       | A. 1.5 percent from the 31st day through the 60th day;   |
| 15       | B. 2 percent from the 61st day through the 120th day;and   |
| 16       | C. 2.5 percent after the 120th day.  |
|          | 3. The interest paid under this subparagraph shall beincluded<br>in any late reimbursement without the necessity for any claim for that interest to be made<br>by the person, hospital, or related institution filing the original claim.                    |
| 22       | (3) (I) The provisions of this subsection do not apply to claims with<br>respect to which there is a [good faith dispute regarding the legitimacy of the claim or the<br>appropriate amount of reimbursement] LEGITIMATE NEED FOR ADDITIONAL<br>INFORMATION. |
|          | (II) NO LATER THAN 10 DAYS AFTER THE MAILING TO THE<br>NONPROFIT HEALTH SERVICE PLAN OF ALL OF THE ADDITIONAL INFORMATION,<br>THE NONPROFIT HEALTH SERVICE PLAN SHALL:   |
| 27<br>28 | 1. PAY THE CLAIM IN ACCORDANCE WITH THIS SUBSECTION; OR  |
| 31       | 2. SEND A WRITTEN NOTICE THAT STATES THAT THE<br>NONPROFIT HEALTH SERVICE PLAN REFUSES TO REIMBURSE THE CLAIM, OR A<br>PORTION OF THE CLAIM, AND PROVIDES THE SPECIFIC REASONS FOR DENYING THE<br>CLAIM, OR PORTION OF THE CLAIM.                            |
| 35       | (III) IF THE CLAIM REMAINS UNPAID AFTER 10 DAYS AS PROVIDED<br>IN SUBPARAGRAPH (II) OF THIS PARAGRAPH, THEN THE NONPROFIT HEALTH<br>SERVICE PLAN SHALL PAY INTEREST ON THE AMOUNT UNPAID AS PROVIDED IN<br>PARAGRAPH (2)(II)2 OF THIS SUBSECTION.            |
| 37<br>38 | (4) To the extent consistent with the Employee Retirement Income Security<br>Act of 1974, 29 U.S.C. 1001, et seq., as amended, the provisions of this subsection shall   |

<sup>39</sup> apply to a nonprofit health service plan acting as a third party administrator.

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| 1        | 470U.  |
|          | (b) (1) Within 30 days of receipt of a claim for reimbursement from any person<br>under subsection (a) of this section or any hospital or related institution as defined in §<br>19-301 of the Health - General Article, an insurer shall:                   |
| 5        | (i) Pay the claim in accordance with this subsection; or   |
| 6<br>7   | (ii) Send a "notice of receipt and status of the claim" that states that the insurer:  |
| 8<br>9   | 1. Refuses to reimburse the claim, or a portion of the claim,<br>and provides the specific reasons for denying the claim, or a portion of the claim; or  |
|          | 2. Requires further information to make a determination on reimbursement of the claim, or a portion of the claim, and states what specific additional information is necessary to make the determination.  |
|          | (2) (i) If an insurer fails to comply with paragraph (1) of this subsection, the insurer shall pay interest on the amount of the claim that remains unpaid 30 days after the filing of the claim.  |
|          | <ul><li>(ii) 1. If an insurer fails to comply with subparagraph (i) of this paragraph, the insurer shall pay interest on the amount of the claim that remains unpaid 30 days after the filing of the claim.</li></ul>  |
| 19<br>20 | 2. The interest paid under this subparagraph shall beat the monthly rate of:   |
| 21       | A. 1.5 percent from the 31st day through the 60th day;   |
| 22       | B. 2 percent from the 61st day through the 120th day;and   |
| 23       | C. 2.5 percent after the 120th day.  |
|          | 3. The interest paid under this subparagraph shall beincluded<br>in any late reimbursement without the necessity for any claim for that interest to be made<br>by the person, hospital, or related institution filing the original claim.                    |
| 29       | (3) (I) The provisions of this subsection do not apply to claims with<br>respect to which there is a [good faith dispute regarding the legitimacy of the claim or the<br>appropriate amount of reimbursement] LEGITIMATE NEED FOR ADDITIONAL<br>INFORMATION. |
| 31<br>32 | (II) NO LATER THAN 10 DAYS AFTER THE MAILING TO THE INSURER OF ALL OF THE ADDITIONAL INFORMATION, THE INSURER SHALL:   |
| 33<br>34 | 1. PAY THE CLAIM IN ACCORDANCE WITH THIS SUBSECTION; OR  |
| 37       | 2. SEND A WRITTEN NOTICE THAT STATES THAT THE<br>INSURER REFUSES TO REIMBURSE THE CLAIM, OR A PORTION OF THE CLAIM, AND<br>PROVIDES THE SPECIFIC REASONS FOR DENYING THE CLAIM, OR PORTION OF THE<br>CLAIM.  |

38 CLAIM.

1 (III) IF THE CLAIM REMAINS UNPAID AFTER 10 DAYS AS PROVIDED 2 IN SUBPARAGRAPH (II) OF THIS PARAGRAPH. THEN THE INSURER SHALL PAY 3 INTEREST ON THE AMOUNT UNPAID AS PROVIDED IN PARAGRAPH (2)(II)2 OF THIS **4 SUBSECTION.** 5 (4) To the extent consistent with the Employee Retirement Income Security 6 Act of 1974, 29 U.S.C. 1001, et seq., as amended, the provisions of this subsection shall 7 apply to an insurer acting as a third party administrator. 8 477AA. 9 (b) (1) Within 30 days of receipt of a claim for reimbursement from any person 10 under subsection (a) of this section or any hospital or related institution as defined in § 11 19-301 of the Health - General Article, an insurer shall: 12 (i) Pay the claim in accordance with this subsection; or 13 (ii) Send a "notice of receipt and status of the claim" that states that 14 the insurer: 15 1. Refuses to reimburse the claim, or a portion of the claim, 16 and provides the specific reasons for denying the claim, or a portion of the claim; or 17 2. Requires further information to make a determination on 18 reimbursement of the claim, or a portion of the claim, and states what specific additional 19 information is necessary to make the determination. 20 (2) (i) If an insurer fails to comply with paragraph (1) of this subsection, 21 the insurer shall pay interest on the amount of the claim that remains unpaid 30 days 22 after the filing of the claim. (ii) 1. If an insurer fails to comply with subparagraph (i) of this 23 24 paragraph, the insurer shall pay interest on the amount of the claim that remains unpaid 25 30 days after the filing of the claim. 26 2. The interest paid under this subparagraph shall beat the 27 monthly rate of: A. 1.5 percent from the 31st day through the 60th day; 28 29 B. 2 percent from the 61st day through the 120th day;and C. 2.5 percent after the 120th day. 30 3. The interest paid under this subparagraph shall beincluded 31 32 in any late reimbursement without the necessity for any claim for that interest to be made 33 by the person, hospital, or related institution filing the original claim. 34 (3) (I) The provisions of this subsection do not apply to claims with 35 respect to which there is a [good faith dispute regarding the legitimacy of the claim or the

36 appropriate amount of reimbursement] LEGITIMATE NEED FOR ADDITIONAL

37 INFORMATION.

5 1 (II) NO LATER THAN 10 DAYS AFTER THE MAILING TO THE 2 INSURER OF ALL OF THE ADDITIONAL INFORMATION. THE INSURER SHALL: 3 1. PAY THE CLAIM IN ACCORDANCE WITH THIS 4 SUBSECTION; OR 5 2. SEND A WRITTEN NOTICE THAT STATES THAT THE 6 INSURER REFUSES TO REIMBURSE THE CLAIM, OR A PORTION OF THE CLAIM, AND 7 PROVIDES THE SPECIFIC REASONS FOR DENYING THE CLAIM, OR PORTION OF THE 8 CLAIM. 9 (III) IF THE CLAIM REMAINS UNPAID AFTER 10 DAYS AS PROVIDED 10 IN SUBPARAGRAPH (II) OF THIS PARAGRAPH, THEN THE INSURER SHALL PAY 11 INTEREST ON THE AMOUNT UNPAID AS PROVIDED IN PARAGRAPH (2)(II)2 OF THIS 12 SUBSECTION. 13 (4) To the extent consistent with the Employee Retirement Income Security 14 Act of 1974, 29 U.S.C. 1001, et seq., as amended, the provisions of this subsection shall 15 apply to an insurer acting as a third party administrator. 16 Article - Health - General 17 19-712.1. 18 (a) For covered services rendered to its members, a health maintenance 19 organization shall reimburse any provider within 30 days after receipt of a claim that is accompanied by all reasonable and necessary documentation. 20 21 (b) (1) If a health maintenance organization fails to comply with subsection (a) 22 of this section, the health maintenance organization shall pay interestbeginning with the 23 31st day on the amount of the claim that remains unpaid after 30 days following the 24 receipt of the claim. 25 (2) The interest payable shall be at the rate of 1.5 percent per month simple 26 interest prorated for any portion of a month. 27 (3) Except as provided in subsection (c) of this section, when paying a claim 28 more than 30 days after its receipt, the health maintenance organization shall add the 29 interest payable to the amount of the unpaid claim without the necessity for any claim for 30 that interest to be made by the provider filing the original claim. 31 (c) The provisions of this section do not apply to claims where: 32 (1) There is a [good faith dispute regarding: 33 (i) The legitimacy of the claim; or 34 (ii) The appropriate amount of reimbursement] LEGITIMATE NEED 35 FOR ADDITIONAL INFORMATION; and

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(2) The health maintenance organization:

1 (i) Notifies the provider within 2 weeks of the receipt of the claim 2 that[ the legitimacy of the claim or the appropriate amount of reimbursement is in 3 dispute] THERE IS A LEGITIMATE NEED FOR ADDITIONAL INFORMATION;

4 (ii) Supplies in writing to the provider the specific reasons why [the
5 legitimacy of the claim, or a portion of the claim, or the appropriate amount of
6 reimbursement is in dispute] THERE IS A LEGITIMATE NEED FOR ADDITIONAL
7 INFORMATION;

8 (iii) Pays any undisputed portion of the claim within 30 days of the 9 receipt of the claim; and

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(iv) Makes a good faith, timely effort to resolve the dispute.

(D) (1) NO LATER THAN 10 DAYS AFTER THE MAILING TO THE HEALTH
 MAINTENANCE ORGANIZATION OF ALL OF THE ADDITIONAL INFORMATION
 PURSUANT TO A DISPUTE UNDER SUBSECTION (C) OF THIS SECTION, THE HEALTH
 MAINTENANCE ORGANIZATION SHALL:

### 15 (I) PAY THE CLAIM IN ACCORDANCE WITH THIS SECTION; OR

(II) SEND A WRITTEN NOTICE THAT STATES THAT THE HEALTH
MAINTENANCE ORGANIZATION REFUSES TO PAY THE CLAIM, OR A PORTION OF THE
CLAIM, AND PROVIDES THE SPECIFIC REASONS FOR DENYING THE CLAIM, OR
PORTION OF THE CLAIM.

(2) IF THE CLAIM REMAINS UNPAID AFTER 10 DAYS AS PROVIDED IN
 PARAGRAPH (1) OF THIS SUBSECTION, THEN THE HEALTH MAINTENANCE
 ORGANIZATION SHALL PAY INTEREST AS PROVIDED IN PARAGRAPH (B)(2) OF THIS
 SECTION.

24 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 25 October 1, 1996.