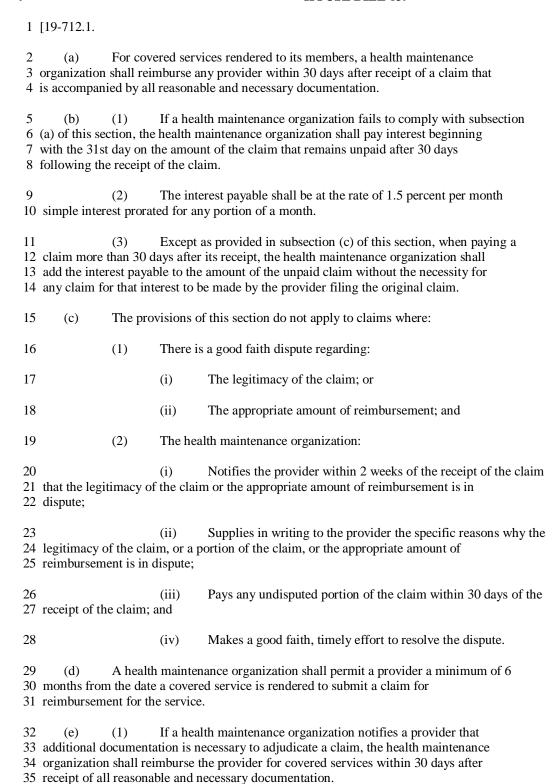
Unofficial Copy C3 1999 Regular Session 9lr1923

By: Delegates Goldwater, Barve, Benson, Bronrott, Brown, Eckardt, Hubbard, Love, Kopp, Nathan-Pulliam, and Pendergrass Introduced and read first time: February 11, 1999 Assigned to: Economic Matters						
Committee Report: Favorable with amendments House action: Adopted						
Read second time: March 16, 1999						
	CHAPTER					
1	AN ACT concerning					
2	Health Insurance - Payment of Claims					
3 4 5 6 7 8 9 10 11 12 13	FOR the purpose of requiring insurers, nonprofit health service plans, and health maintenance organizations, for certain claims for reimbursement, to send certain notice of receipt and status of the claim within a certain period of time after receipt of the claim repealing certain provisions of law relating to the payment of certain claims for reimbursement by health maintenance organizations and managed care organizations; making certain provisions of law relating to payment of claims that are applicable to insurers and nonprofit health service plans also applicable to health maintenance organizations and managed care organizations; and generally relating to payment of claims under health insurance by insurers, nonprofit health service plans, health maintenance organizations, and managed care organizations.					
14 15 16 17 18	BY repealing and reenacting, with amendments, Article - Insurance Section 15-1005 Annotated Code of Maryland (1997 Volume and 1998 Supplement)					
19 20 21 22 23	BY repealing and reenacting, with amendments, Article - Health - General Section 15-102.3(b) Annotated Code of Maryland (1994 Replacement Volume and 1998 Supplement)					

1 2 3 4 5	BY adding to Article - Health - General Section 19-706(ff) Annotated Code of Maryland (1996 Replacement Volume and 1998 Supplement)					
6 7 8 9 10	BY repealing Article - Health - General Section 19-712.1 Annotated Code of Maryland (1996 Replacement Volume and 1998 Supplement)					
11 12	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:					
13	Article - Insurance					
14	15-1005.					
15 16	(a) This section does not apply when there is a good faith dispute about the legitimacy of a claim or the appropriate amount of reimbursement.					
19	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 [or], nonprofit health service plan, OR HEALTH MAINTENANCE ORGANIZATION that acts as a third party administrator.					
21 22	(c) AN INSURER, NONPROFIT SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION:					
25 26	(1) [Within] WITHIN 30 days after receipt of a claim for reimbursement from a person entitled to reimbursement under § 15-701(a) of this title or from a hospital or related institution, as those terms are defined in § 19-301 of the Health - General Article, an insurer of nonprofit health service plan, OR HEALTH MAINTENANCE ORGANIZATION shall:					
28	(1)} pay the claim in accordance with this section; or					
29 30	(2) WITHIN 2 WEEKS AFTER RECEIPT OF THE CLAIM, SHALL send a notice of receipt and status of the claim that states:					
	(i) that the insurer [or], nonprofit health service plan, OR HEALTH MAINTENANCE ORGANIZATION refuses to reimburse all or part of the claim and the reason for the refusal; or					
	(ii) that additional information is necessary to determine if all or part of the claim will be reimbursed and what specific additional information is necessary.					

HOUSE BILL 639

3	MAINTENANCE O	RGANIZA	ATION shall permit a provider a minimum of 6 months from ndered to submit a claim for reimbursement for the			
7 8	necessary to adjudica HEALTH MAINTE	RGANIZA ate a claim NANCE C	urer [or], nonprofit health service plan, OR HEALTH ATION notifies a provider that additional documentation is a, the insurer [or], nonprofit health service plan, OR DRGANIZATION shall reimburse the provider for covered eccipt of all reasonable and necessary documentation.			
12 13	(2) If an insurer [or], nonprofit health service plan, OR HEALTH MAINTENANCE ORGANIZATION fails to comply with the requirements of paragraph (1) of this subsection, the insurer [or], nonprofit health service plan, OR HEALTH MAINTENANCE ORGANIZATION shall pay interest in accordance with the requirements of subsection (f) of this section.					
17 18	(f) (1) If an insurer [or], nonprofit health service plan, OR HEALTH MAINTENANCE ORGANIZATION fails to comply with subsection (c) of this section, the insurer [or], nonprofit health service plan, OR HEALTH MAINTENANCE ORGANIZATION shall pay interest on the amount of the claim that remains unpaid 30 days after the claim is filed at the monthly rate of:					
20		(i)	1.5% from the 31st day through the 60th day;			
21		(ii)	2% from the 61st day through the 120th day; and			
22		(iii)	2.5% after the 120th day.			
	The interest paid under this subsection shall be included in any late reimbursement without the necessity for the person that filed the original claim to make an additional claim for that interest.					
26	Article - Health - General					
27	<u>15-102.3.</u>					
	(b) The provisions of [§ 19-712.1 of this article (Prompt payment)] § 15-1005 (OF THE INSURANCE ARTICLE shall apply to managed care organizations in the same manner they apply to health maintenance organizations.					
31	19-706.					
32 33	(FF) THE PROVISIONS OF § 15-1005 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.					



- 1 (2) If a health maintenance organization fails to comply with the 2 requirements of paragraph (1) of this subsection, the health maintenance 3 organization shall pay interest in accordance with the requirements of subsection (b)

- 4 of this section.]
- 5 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
- 6 October 1, 1999.