C3 5lr3131

By: Delegate Bromwell

1 AN ACT concerning

Rules suspended

Introduced and read first time: March 10, 2005 Assigned to: Rules and Executive Nominations

A BILL ENTITLED

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- Health Insurance Payment of Claims for Reimbursement Erroneous
 Denial of Provider's Claim
- 4 FOR the purpose of requiring certain insurers, nonprofit health service plans, and
- 5 health maintenance organizations to automatically reprocess certain claims for
- 6 reimbursement submitted by certain health care providers under certain
- 7 circumstances; and generally relating to payment of providers' claims for
- 8 reimbursement by health insurance carriers.
- 9 BY repealing and reenacting, with amendments,
- 10 Article Insurance
- 11 Section 15-1005
- 12 Annotated Code of Maryland
- 13 (2002 Replacement Volume and 2004 Supplement)
- 14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
- 15 MARYLAND, That the Laws of Maryland read as follows:
- 16 Article Insurance
- 17 15-1005.
- 18 (a) In this section, "clean claim" means a claim for reimbursement, as defined
- 19 in regulations adopted by the Commissioner under § 15-1003 of this subtitle.
- 20 (b) To the extent consistent with the Employee Retirement Income Security
- 21 Act of 1974 (ERISA), 29 U.S.C. 1001, et seq., this section applies to an insurer,
- 22 nonprofit health service plan, or health maintenance organization that acts as a third
- 23 party administrator.
- 24 (c) Within 30 days after receipt of a claim for reimbursement from a person
- 25 entitled to reimbursement under § 15-701(a) of this title or from a hospital or related
- 26 institution, as those terms are defined in § 19-301 of the Health General Article, an
- 27 insurer, nonprofit health service plan, or health maintenance organization shall:

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1 2	(1) this section; or	mail or otherwise transmit payment for the claim in accordance with
3	(2)	send a notice of receipt and status of the claim that states:
	maintenance organizator the refusal;	(i) that the insurer, nonprofit health service plan, or health tion refuses to reimburse all or part of the claim and the reason
9	additional information	(ii) that, in accordance with § 15-1003(d)(1)(ii) of this subtitle, the m or the appropriate amount of reimbursement is in dispute and n is necessary to determine if all or part of the claim will be specific additional information is necessary; or
11 12	information necessar	(iii) that the claim is not clean and the specific additional y for the claim to be considered a clean claim.
		An insurer, nonprofit health service plan, or health maintenance rmit a provider a minimum of 180 days from the date a covered submit a claim for reimbursement for the service.
18 19	nonprofit health serv	If an insurer, nonprofit health service plan, or health maintenance or partially denies a claim for reimbursement, the insurer, ice plan, or health maintenance organization shall permit a of 90 working days after the date of denial of the claim to appeal
23 24 25 26 27	REIMBURSEMENT (1) OF THIS SUBSE NONPROFIT HEAL DISCOVERY OF TI	IF AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH RGANIZATION ERRONEOUSLY DENIES A PROVIDER'S CLAIM FOR SUBMITTED WITHIN THE TIME PERIOD SPECIFIED IN PARAGRAPH ECTION BECAUSE OF A CLAIMS PROCESSING ERROR, THE INSURER, TH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION, ON HE ERROR, SHALL REPROCESS THE PROVIDER'S CLAIM (7, WITHOUT THE NECESSITY FOR THE PROVIDER TO RESUBMIT THE
31 32	organization provide nonprofit health serv otherwise transmit pa	If an insurer, nonprofit health service plan, or health maintenance is notice under subsection (c)(2)(i) of this section, the insurer, ice plan, or health maintenance organization shall mail or any undisputed portion of the claim within 30 days of in accordance with this section.
		If an insurer, nonprofit health service plan, or health maintenance s notice under subsection $(c)(2)(ii)$ of this section, the insurer, ice plan, or health maintenance organization shall:
37 38	of the claim in accord	(i) mail or otherwise transmit payment for any undisputed portion dance with this section; and

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1 2	days after receipt of the	(ii) ne request	comply with subsection $(c)(1)$ or $(2)(i)$ of this section within 30 ted additional information.			
5 6	(3) If an insurer, nonprofit health service plan, or health maintenance organization provides notice under subsection (c)(2)(iii) of this section, the insurer, nonprofit health service plan, or health maintenance organization shall comply with subsection (c)(1) or (2)(i) of this section within 30 days after receipt of the requested additional information.					
10 11	(f) (1) If an insurer, nonprofit health service plan, or health maintenance organization fails to comply with subsection (c) of this section, the insurer, 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 received at the monthly rate of:					
13		(i)	1.5% from the 31st day through the 60th day;			
14		(ii)	2% from the 61st day through the 120th day; and			
15		(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.					
19 20	9 (g) An insurer, nonprofit health service plan, or health maintenance 0 organization that violates a provision of this section is subject to:					
21 22	(1) capricious, based on		ot exceeding \$500 for each violation that is arbitrary and ble information; and			
23 24	(2) committed with a free		lties prescribed under § 4-113(d) of this article for violations at indicates a general business practice.			
25 26	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2005.					