

5. Comply with quality assurance, enrollee input, data collection, and other requirements specified by the Department in regulation.

(v) The Department may contract with a managed care organization for delivery of specialty mental health services if the managed care organization meets the performance standards adopted by the Department in regulations.

(VI) ~~1. THE PROVISIONS OF § 19-712.1 OF THIS ARTICLE APPLY TO THE DELIVERY SYSTEM FOR SPECIALTY MENTAL HEALTH SERVICES ESTABLISHED UNDER THIS PARAGRAPH AND ADMINISTERED BY AN ADMINISTRATIVE SERVICES ORGANIZATION.~~

~~2. THE DELIVERY SYSTEM FOR SPECIALTY MENTAL HEALTH SERVICES SHALL ALLOW, AND PROVIDE REIMBURSEMENT FOR, AN APPROPRIATE SPECIALTY MENTAL HEALTH ASSESSMENT AND EVALUATION PROVIDED:~~

~~A. IN AN EMERGENCY DEPARTMENT OF A HOSPITAL; AND~~

~~B. BY ANY TYPE OF MENTAL HEALTH PROFESSIONAL LICENSED OR CERTIFIED TO PROVIDE THAT ASSESSMENT OR EVALUATION.~~

19-712.1.

(a) For covered services rendered to its members, a health maintenance organization shall reimburse any provider within 30 days after receipt of a claim that is accompanied by all reasonable and necessary documentation.

(b) (1) If a health maintenance organization fails to comply with subsection (a) of this section, the health maintenance organization shall pay interest beginning with the 31st day on the amount of the claim that remains unpaid after 30 days following the receipt of the claim.

(2) The interest payable shall be at the rate of 1.5 percent per month simple interest prorated for any portion of a month.

(3) Except as provided in subsection (c) of this section, when paying a claim more than 30 days after its receipt, the health maintenance organization shall add the interest payable to the amount of the unpaid claim without the necessity for any claim for that interest to be made by the provider filing the original claim.

(c) The provisions of this section do not apply to claims where:

(1) There is a good faith dispute regarding:

(i) The legitimacy of the claim; or

(ii) The appropriate amount of reimbursement; and

(2) The health maintenance organization:

(i) Notifies the provider within 2 weeks of the receipt of the claim that the legitimacy of the claim or the appropriate amount of reimbursement is in dispute;