

(III) AT THE RATE APPROVED BY THE HEALTH SERVICES COST REVIEW COMMISSION FOR A HOSPITAL ~~THAT IS NOT UNDER WRITTEN CONTRACT WITH THE HEALTH MAINTENANCE ORGANIZATION.~~

(2) A HEALTH CARE PROVIDER MAY NOT BE REQUIRED TO OBTAIN PRIOR AUTHORIZATION OR ~~A CERTIFICATE OF APPROVAL FOR~~ PAYMENT FROM A HEALTH MAINTENANCE ORGANIZATION IN ORDER TO OBTAIN REIMBURSEMENT UNDER PARAGRAPH (1) OF THIS SUBSECTION.

(3) (I) A HEALTH CARE PROVIDER OR A DESIGNEE OF A HEALTH CARE PROVIDER SHALL ATTEMPT TO NOTIFY AN ENROLLEE OR SUBSCRIBER'S HEALTH MAINTENANCE ORGANIZATION IF COORDINATION OF FURTHER CARE IS NECESSARY AS SOON AS PRACTICABLE AFTER SERVICES ARE PROVIDED.

(II) A HEALTH CARE PROVIDER IS NOT REQUIRED TO ATTEMPT TO NOTIFY AN ENROLLEE'S OR SUBSCRIBER'S HEALTH MAINTENANCE ORGANIZATION IF THE ENROLLEE'S OR SUBSCRIBER'S MEDICAL CONDITION PREVENTED THE HEALTH CARE PROVIDER FROM DETERMINING THE PATIENT'S INSURANCE STATUS.

(D) 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;
- (ii) Supplies in writing to the provider the specific reasons why the legitimacy of the claim, or a portion of the claim, or the appropriate amount of reimbursement is in dispute;
- (iii) Pays any undisputed portion of the claim within 30 days of the receipt of the claim; and
- (iv) Makes a good faith, timely effort to resolve the dispute.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 1995.

May 24, 1995

The Honorable Casper R. Taylor, Jr.  
Speaker of the House of Delegates  
State House  
Annapolis MD 21401

Dear Mr. Speaker: