(2) SEND A NOTICE OF RECEIPT AND STATUS OF THE CLAIM THAT STATES:

(I) THAT THE INSURER OR NONPROFIT HEALTH SERVICE PLAN 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.

(D) PAYMENT OF INTEREST FOR FAILURE TO COMPLY.

(1) IF AN INSURER OR NONPROFIT HEALTH SERVICE PLAN FAILS TO COMPLY WITH SUBSECTION (C) OF THIS SECTION, THE INSURER OR NONPROFIT HEALTH SERVICE PLAN SHALL PAY INTEREST ON THE AMOUNT OF THE CLAIM THAT REMAINS UNPAID 30 DAYS AFTER THE CLAIM IS FILED AT THE MONTHLY RATE OF:

(I) 1.5% FROM THE 31ST DAY THROUGH THE 60TH DAY;

(II) 2% FROM THE 61ST DAY THROUGH THE 120TH DAY; AND

(III) 2.5% AFTER THE 120TH DAY.

(2) 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.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, §§ 354Z(b), 470U(b), and 477AA(b).

In the introductory language of subsection (c) of this section, the reference to a person "entitled to reimbursement" under § 15–701(a) of this title is added for clarity.

In subsection (c)(2)(i) of this section, the word "specific", which formerly modified "reason[s]", is deleted as surplusage.

In subsection (c)(2)(ii) of this section, the former references to additional information necessary "to make the determination" are deleted as implicit.

In subsection (d)(2) of this section, the reference to a person making an "additional" claim for that interest is added for clarity.

Also in subsection (d)(2) of this section, the former references to a "hospital" and a "related institution" are deleted as included in the defined term "person".

Defined terms: "Insurer" § 1–101
"Person" § 1–101

15–1006. NOTICE OF REASON FOR DENIAL OF CLAIM.

(A) REQUIRED.