

(D) A HEALTH MAINTENANCE ORGANIZATION SHALL PERMIT A PROVIDER A MINIMUM OF 6 MONTHS FROM THE DATE A COVERED SERVICE IS RENDERED TO SUBMIT A CLAIM FOR REIMBURSEMENT FOR THE SERVICE.

(E) (1) IF A HEALTH MAINTENANCE ORGANIZATION NOTIFIES A PROVIDER THAT ADDITIONAL DOCUMENTATION IS NECESSARY TO ADJUDICATE A CLAIM, THE HEALTH MAINTENANCE ORGANIZATION SHALL REIMBURSE THE PROVIDER FOR COVERED SERVICES WITHIN 30 DAYS AFTER RECEIPT OF ALL REASONABLE AND NECESSARY DOCUMENTATION.

(2) IF A HEALTH MAINTENANCE ORGANIZATION FAILS TO COMPLY WITH THE REQUIREMENTS OF PARAGRAPH (1) OF THIS SUBSECTION, THE HEALTH MAINTENANCE ORGANIZATION SHALL PAY INTEREST IN ACCORDANCE WITH THE REQUIREMENTS OF SUBSECTION (B) OF THIS SECTION.

#### Article - Insurance

15-1005.

(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.

(b) 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 that acts as a third party administrator.

(c) 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 or nonprofit health service plan shall:

(1) pay the claim in accordance with this section; or

(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) IF AN INSURER OR NONPROFIT HEALTH SERVICE PLAN SENDS NOTICE UNDER SUBSECTION (C)(2) OF THIS SECTION, OR NOTIFIES THE PERSON THAT FILED A CLAIM THAT THE CLAIM WAS NOT RECEIVED, ANY TIME LIMIT IMPOSED BY THE INSURER OR NONPROFIT HEALTH SERVICE PLAN FOR SUBMITTING CLAIM INFORMATION SHALL BEGIN ON THE DATE THE NOTICE IS GIVEN.~~

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