

(2) AN AUDIT OR INVESTIGATION OF A CLAIM, BILL, OR OTHER DEMAND OR REQUEST FOR PAYMENT FOR HEALTH CARE SERVICES TO DETERMINE WHETHER THOSE SERVICES WERE PROVIDED AS A RESULT OF A PROHIBITED REFERRAL IS NOT GROUNDS TO DELAY PAYMENT OR WAIVE THE PROVISIONS OF §§ 15-1004 AND 15-1005 OF THIS TITLE.

(G) REFUNDS.

IN ACCORDANCE WITH § 1-305 OF THE HEALTH OCCUPATIONS ARTICLE, AN ENTITY SUBJECT TO THIS SECTION MAY SEEK A REFUND OF A PAYMENT MADE FOR A CLAIM, BILL, OR OTHER DEMAND OR REQUEST FOR PAYMENT THAT IS SUBSEQUENTLY DETERMINED TO BE FOR A HEALTH CARE SERVICE PROVIDED AS A RESULT OF A PROHIBITED REFERRAL.

REVISOR'S NOTE: Subsections (a)(1), (2), and (3) and (b) through (g) of this section are new language derived without substantive change from former Art. 48A, §§ 354MM, 470CC, and 477MM.

Subsection (a)(4) of this section is new language added to avoid repetition of the phrase "a referral prohibited by § 1-302 of the Health Occupations Article".

In subsection (a) of this section, the former definition of "health care entity", which was defined to have the same meaning as provided in § 1-301 of the Health Occupations Article, is deleted because the term is not used in this section.

Subsection (a)(1) of this section is revised in the standard introductory language used in a definition subsection.

In subsection (b) of this section, the reference to insurers and nonprofit health service plans that issue or deliver "individual or group" health insurance policies in the State is added to clarify the applicability of this section.

Also in subsection (b) of this section, the former reference to policies issued or delivered "to any person" in the State is deleted as implicit.

In subsection (c) of this section, the former references to the appropriate regulatory "licensing" board are deleted as surplusage.

In subsection (d) of this section, the reference to a health insurance policy issued for delivery in the State "by an entity subject to this section" is added for clarity and consistency with subsection (b) of this section.

Also in subsection (d) of this section, the reference to health care services "that the appropriate regulatory board" determines were provided as a result of a prohibited referral is added for clarity and consistency with subsection (c) of this section.

In subsection (f)(1) and (2) of this section, the references to a claim, bill, or other demand or request for payment "for health care services" are added for clarity and consistency within this section.