

(2) ~~WITHIN 2 WEEKS AFTER RECEIPT OF THE CLAIM, SHALL~~ send a notice of receipt and status of the claim that states:

(i) that the insurer [or], nonprofit health service plan, OR HEALTH MAINTENANCE ORGANIZATION 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) An insurer [or a], nonprofit health service plan, OR 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 an insurer [or], nonprofit health service plan, OR HEALTH MAINTENANCE ORGANIZATION notifies a provider that additional documentation is necessary to adjudicate a claim, the insurer [or], nonprofit health service plan, OR HEALTH MAINTENANCE ORGANIZATION shall reimburse the provider for covered services within 30 days after receipt of all reasonable and necessary documentation.

(2) If an insurer [or], nonprofit health service plan, OR HEALTH MAINTENANCE ORGANIZATION fails to comply with the requirements of paragraph (1) of this subsection, the insurer [or], nonprofit health service plan, OR HEALTH MAINTENANCE ORGANIZATION shall pay interest in accordance with the requirements of subsection (f) of this section.

(f) (1) If an insurer [or], nonprofit health service plan, OR HEALTH MAINTENANCE ORGANIZATION fails to comply with subsection (c) of this section, the insurer [or], nonprofit health service plan, OR HEALTH MAINTENANCE ORGANIZATION 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.

Article - Health - General

15-102.3.

(b) The provisions of [§ 19-712.1 of this article (Prompt payment)] § 15-1005 OF THE INSURANCE ARTICLE shall apply to managed care organizations in the same manner they apply to health maintenance organizations.