non–provider third party, provided that any delays in paying a uniform claim resulting from obtaining this information are subject to the provisions of § 19–712.1(b) of this subtitle.

(f)   The Commissioner may impose a penalty not to exceed $500 on any health maintenance organization that violates the provisions of this section.]

Article – Insurance

<u>15–1003.</u>

<u>(a)</u>   <u>(1)</u>   <u>In this section the following words have the meanings indicated.</u>

<u>(2)</u>   <u>(i)</u>   <u>"Health care practitioner" means a person that is licensed or certified under the Health Occupations Article and reimbursed by a third party payor.</u>

<u>(ii)</u>   <u>"Health care practitioner" does not include a physician or other person licensed or certified under this article when the physician or other person is rendering care to a member or subscriber of a health maintenance organization and is compensated by the health maintenance organization for that care on a salaried or capitated basis.</u>

<u>(3)</u>   <u>"Hospital" has the meaning stated in § 19–301 of the Health – General Article.</u>

<u>(b)</u>   <u>The Commissioner shall adopt by regulation as the uniform claims form for reimbursement of hospital services in the State the uniform claims form adopted by the National Uniform Billing Committee and approved by the Health Care Financing Administration for Hospital Payments under Title XVIII of the Social Security Act.</u>

<u>(c)</u>   <u>The Commissioner shall adopt by regulation a uniform claims form for reimbursement of health care practitioners' services.</u>

<u>(D)</u>   <u>(1)</u>   <u>THE COMMISSIONER SHALL ADOPT BY REGULATION:</u>

<u>(I)</u>   <u>A DEFINITION OF A CLEAN CLAIM, INCLUDING:</u>

<u>1.</u>   <u>THE ESSENTIAL DATA ELEMENTS THAT MUST BE COMPLETED ON THE UNIFORM CLAIMS FORM; AND</u>

<u>2.</u>   <u>UNIFORM STANDARDS FOR ATTACHMENTS TO THE UNIFORM CLAIMS FORM;</u>

<u>(II)</u>   <u>PERMISSIBLE CATEGORIES OF DISPUTED CLAIMS FOR WHICH ADDITIONAL INFORMATION MAY BE REQUESTED UNDER §§ 15–1004(C) AND 15–1005(C) OF THIS SUBTITLE; AND</u>

<u>(III)</u>   <u>STANDARDS FOR DETERMINING WHEN A CLAIM IS CONSIDERED RECEIVED FOR REIMBURSEMENT.</u>

<u>(2)</u>   <u>IN ADOPTING THE REGULATIONS REQUIRED UNDER PARAGRAPH (1)(I) OF THIS SUBSECTION, THE COMMISSIONER SHALL CONSIDER:</u>