

~~(III) AFTER APPROVAL BY THE COMMISSIONER:~~

~~1. WRITTEN NOTICE OF ANY CHANGE IS RECEIVED BY THE PROVIDER AT LEAST 60 DAYS BEFORE THE CHANGE TAKES EFFECT, AND~~

~~2. THE MANUAL OR OTHER DOCUMENT THAT SETS FORTH THE CLAIMS FILING PROCEDURES IS UPDATED TO REFLECT THE CHANGE AND IS SENT TO THE PROVIDER AT LEAST 60 DAYS BEFORE THE CHANGE TAKES EFFECT.~~

~~[(d)](E) (1) If necessary to determine eligibility for benefits or to determine coverage, an insurer, [or] nonprofit health service plan, OR HEALTH MAINTENANCE ORGANIZATION may obtain additional information from its insured, MEMBER, OR SUBSCRIBER, the [insured's] employer OF THE INSURED, MEMBER OR SUBSCRIBER, or any other nonprovider third party.~~

~~(2) If obtaining additional information results in a delay in paying a claim, the insurer, [or] nonprofit health service plan, OR HEALTH MAINTENANCE ORGANIZATION shall pay interest in accordance with the provisions of § 15-1005(d) § 15-1005(F) of this subtitle.~~

~~[(e)](F) The Commissioner may impose a penalty not exceeding ~~[\$500]~~ \$5,000 on an insurer, [or] nonprofit health service plan, OR HEALTH MAINTENANCE ORGANIZATION that violates this section.~~

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.] IN THIS SECTION, "CLEAN CLAIM" MEANS A CLAIM FOR REIMBURSEMENT, AS DEFINED IN REGULATIONS ADOPTED BY THE COMMISSIONER UNDER ~~§ 15-1004~~ § 15-1003 OF THIS SUBTITLE.~~

~~(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, nonprofit health service plan, or health maintenance organization that acts as a third party administrator.~~

~~(c) ~~{Within 30 days after}~~ AFTER receipt of a ~~CLEAN~~ 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, nonprofit health service plan, or health maintenance organization shall:~~

~~(1) ~~WITHIN 30 DAYS~~, pay the claim in accordance with this section; or~~

~~(2) ~~WITHIN 15 DAYS~~, send a notice of receipt and status of the claim that states:~~

~~(i) that the insurer, nonprofit health service plan, or health maintenance organization refuses to reimburse all or part of the claim and the reason for the refusal; ~~or~~~~