

persuasion on certain issues in certain hearings held by the Insurance Commissioner or the Commissioner's designee on certain health insurance decisions; defining a certain term; and generally relating to hearings on health insurance decisions.

BY repealing and reenacting, without amendments,

Article - Insurance

Section 15-10A-01(a), 15-10A-04, 15-10D-01(a), and 15-10D-02(i)

Annotated Code of Maryland

(2002 Replacement Volume and 2003 Supplement)

BY adding to

Article - Insurance

Section 15-10A-01(e) and 15-10D-01(g)

Annotated Code of Maryland

(2002 Replacement Volume and 2003 Supplement)

BY repealing and reenacting, with amendments,

Article - Insurance

Section 15-123(j)(1), 15-1005(d), (e), and (f)(1), 15-10A-01, 15-10A-02, 15-10A-03, 15-10A-04, 15-10B-01, 15-10B-06, 15-10B-08, 15-10B-09.1, 15-10D-01, and 15-10D-02

Section 15-10A-01(e) through (l), 15-10A-03(e), 15-10D-01(g) through (j), and 15-10D-02(h)

Annotated Code of Maryland

(2002 Replacement Volume and 2003 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article - Insurance

~~15-123.~~

~~(j) (1) A carrier's [coverage] decision on an emerging medical or surgical treatment shall be in compliance with [§ 15-10B-07] TITLE 15, SUBTITLES 10A AND 10B of this article[, when being appealed by an enrollee].~~

~~15-1005.~~

~~(d) (1) An insurer, nonprofit health service plan, or health maintenance organization shall permit a provider a minimum of 180 days from the date a covered service is rendered to submit a claim for reimbursement for the service.~~

~~(2) If an insurer, nonprofit health service plan, or health maintenance organization wholly or partially denies a claim for reimbursement, the insurer, nonprofit health service plan, or health maintenance organization shall permit a provider a minimum of [90 working days] 180 DAYS after [the date] THE PROVIDER RECEIVES NOTICE of denial of the claim to appeal the denial.~~