

~~(e) (1) If an insurer, nonprofit health service plan, or health maintenance organization provides notice under subsection (c)(2)(i) of this section, the insurer, nonprofit health service plan, or health maintenance organization shall pay any undisputed portion of the claim within 30 days of receipt of the claim, in accordance with this section.~~

~~(2) If an insurer, nonprofit health service plan, or health maintenance organization provides notice under subsection (c)(2)(ii) of this section, the insurer, nonprofit health service plan, or health maintenance organization shall:~~

~~(i) pay any undisputed portion of the claim in accordance with this section; and~~

~~(ii) comply with subsection (c)(1) or (2)(i) of this section within [30] 15 days after receipt of the requested additional information.~~

~~(3) If an insurer, nonprofit health service plan, or health maintenance organization provides notice under subsection (c)(2)(iii) of this section, the insurer, nonprofit health service plan, or health maintenance organization shall comply with subsection (c)(1) or (2)(i) of this section within [30] 15 days after receipt of the requested additional information.~~

~~(f) (1) If an insurer, nonprofit health service plan, or health maintenance organization fails to comply with subsection (c) OR (E) of this section, the insurer, 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 received 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.~~

15-10A-01.

(a) In this subtitle the following words have the meanings indicated.

~~(b) (1) "Adverse decision" means a utilization review determination by a private review agent, a carrier, or a health care provider acting on behalf of a carrier that:~~

~~(i) a proposed or delivered health care service covered under the member's contract is or was not medically necessary, appropriate, or efficient; and~~

~~(ii) may result in noncoverage of the health care service.~~

~~(2) "Adverse decision" does not include a decision concerning a subscriber's status as a member.~~

~~(c) (1) "AUTHORIZED REPRESENTATIVE" MEANS A PERSON, INCLUDING A HEALTH CARE PROVIDER, AUTHORIZED BY THE MEMBER TO ACT ON BEHALF OF THE MEMBER.~~