

[(2) (i)] (II) 1. If an insurer fails to comply with [paragraph (1) of this subsection] SUBPARAGRAPH (I) OF THIS PARAGRAPH, the insurer shall pay interest on the amount of the claim that remains unpaid 30 days after the filing of the claim.

[(ii)] 2. The interest paid under this [paragraph] SUBPARAGRAPH shall be at the rate of 1 1/2 percent per month AND SHALL BE INCLUDED IN ANY LATE REIMBURSEMENT WITHOUT THE NECESSITY FOR ANY CLAIM FOR THAT INTEREST TO BE MADE BY THE PERSON, HOSPITAL, OR RELATED INSTITUTION FILING THE ORIGINAL CLAIM.

[(3)] (III) The provisions of this [subsection] PARAGRAPH do not apply to claims [with respect to which there], OR A PORTION OF A CLAIM, IF:

1. THERE is a good faith dispute regarding the legitimacy of the claim or the appropriate amount of reimbursement; ~~OR~~ AND

2. ANY UNDISPUTED PORTION OF THE CLAIM IS REIMBURSED WITHIN 30 DAYS OF FILING THE CLAIM.

477AA.

(a) Notwithstanding any provision of a group or individual policy or contract, including profit and nonprofit health plans, or any certificate issued thereunder, of health, sickness, accident, or disability insurance, delivered or issued for delivery within the State, whenever such policy, contract, or certificate provides for reimbursement for any service which is within the lawful scope of practice of a health care provider duly licensed under the Health Occupations Article, the insured, or any other person covered by, or entitled to reimbursement under, the policy, contract, or certificate, shall be entitled to reimbursement for such service. The provisions of this section apply to all such policies, contracts, or certificates issued, renewed, modified, altered, amended, or reissued on or after July 1, 1984.

(b) (1) WITHIN ~~45~~ 30 DAYS OF RECEIPT OF A CLAIM FOR REIMBURSEMENT FROM ANY PERSON UNDER SUBSECTION (A) OF THIS SECTION OR ANY HOSPITAL OR RELATED INSTITUTION AS DEFINED IN § 19-301 OF THE HEALTH - GENERAL ARTICLE, AN INSURER SHALL:

(I) PAY THE CLAIM IN ACCORDANCE WITH THIS SUBSECTION; OR

(II) SEND A "NOTICE OF RECEIPT AND STATUS OF THE CLAIM" THAT STATES THAT THE INSURER:

~~(I) WILL REIMBURSE THE CLAIM AS FILED;~~

~~(II) 1. REFUSES TO REIMBURSE THE CLAIM, OR A PORTION OF THE CLAIM, AND PROVIDES THE SPECIFIC REASONS FOR DENYING THE CLAIM, OR A PORTION OF THE CLAIM; OR~~

~~(III) 2. REQUIRES FURTHER INFORMATION TO MAKE A~~