

DETERMINATION ON REIMBURSEMENT OF THE CLAIM, OR A PORTION OF THE CLAIM, AND STATES WHAT SPECIFIC ADDITIONAL INFORMATION IS NECESSARY TO MAKE THE DETERMINATION.

(2) (I) Notwithstanding any other section of this article, whenever liability and amount are reasonably clear, an insurer shall reimburse any person entitled to reimbursement under subsection (a) of this section or any hospital or related institution defined in § 19-301 of the Health - General Article entitled to reimbursement within 30 days of the proper filing of a claim together with all necessary documentation.

[(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 that 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.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 1991 January 1, 1992.

Approved April 30, 1991.

CHAPTER 121

(Senate Bill 701)

AN ACT concerning

Health Maintenance Organizations - Subscriber Liability - Payment of Claims

FOR the purpose of requiring health maintenance organizations to develop and to provide certain information to subscribers and enrollees relating to potential liability for payment for services rendered by health care providers not under contract with their health maintenance organizations; ~~prohibiting certain health care providers from attempting to collect certain moneys or maintaining an action to collect certain moneys for certain services rendered to subscribers or enrollees of~~