

(II) A HEALTH INSURER, ~~OR NONPROFIT HEALTH SERVICE PLAN, HEALTH INSURANCE SERVICE ORGANIZATION, OR PREFERRED PROVIDER ORGANIZATION~~ AUTHORIZED TO OFFER HEALTH INSURANCE POLICIES OR CONTRACTS IN THIS STATE IN ACCORDANCE WITH ARTICLE 48A OF THE CODE; OR

(III) A THIRD PARTY ADMINISTRATOR LICENSED UNDER ARTICLE 48A OF THE CODE.

(3) "UNIFORM CLAIMS FORM" MEANS THE CLAIM OR BILLING FORM FOR REIMBURSEMENT OF HOSPITAL SERVICES ADOPTED BY THE INSURANCE COMMISSIONER UNDER § 490P OF ARTICLE 48A OF THE CODE.

(B) WHEN SUBMITTING A CLAIM OR BILL FOR REIMBURSEMENT TO A THIRD PARTY PAYOR, A HOSPITAL SHALL USE THE UNIFORM CLAIMS FORM.

~~(C) THE COMPLETED UNIFORM CLAIMS FORM SUBMITTED UNDER THIS SECTION MAY BE SUBMITTED BY ELECTRONIC TRANSFER.~~

(C) THE UNIFORM CLAIMS FORM SUBMITTED UNDER THIS SECTION:

(1) SHALL BE PROPERLY COMPLETED; AND

(2) MAY BE SUBMITTED BY ELECTRONIC TRANSFER.

~~(C)~~ (D) THE SECRETARY MAY IMPOSE A PENALTY NOT TO EXCEED \$500 ON ANY HOSPITAL THAT VIOLATES THE PROVISIONS OF THIS SECTION.

19-712.2.

(A) EXCEPT AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, FOR SERVICES RENDERED TO ITS MEMBERS OR SUBSCRIBERS, A HEALTH MAINTENANCE ORGANIZATION SHALL ACCEPT AS A PROPERLY FILED CLAIM AND THE SOLE INSTRUMENT FOR REIMBURSEMENT THE UNIFORM CLAIMS FORM SUBMITTED BY A HOSPITAL OR HEALTH CARE PRACTITIONER IN ACCORDANCE WITH § 490P OF ARTICLE 48A OF THE CODE.

~~(B) THE COMPLETED UNIFORM CLAIMS FORM SUBMITTED UNDER THIS SECTION MAY BE SUBMITTED BY ELECTRONIC TRANSFER.~~

(B) THE UNIFORM CLAIMS FORM SUBMITTED UNDER THIS SECTION:

(1) SHALL BE PROPERLY COMPLETED; AND

(2) MAY BE SUBMITTED BY ELECTRONIC TRANSFER.

~~(B)~~ (C) A HEALTH MAINTENANCE ORGANIZATION MAY NOT IMPOSE AS A CONDITION OF PAYMENT ANY REQUIREMENTS ON A HOSPITAL OR HEALTH CARE PRACTITIONER TO: