

(3) "Covered service" means a health care service included in the benefit package of the health maintenance organization and rendered to an enrollee of the health maintenance organization by a health care provider, including a physician or hospital, not under written contract with the health maintenance organization:

(i) Pursuant to a verbal or written referral by the enrollee's health maintenance organization or by a provider under written contract with the enrollee's health maintenance organization; or

(ii) That has been preauthorized or otherwise approved either verbally or in writing by the enrollee's health maintenance organization or a provider under written contract with the enrollee's health maintenance organization.

(4) "Adjunct claims documentation" means an abstract of an enrollee's medical record which describes and summarizes the diagnosis and treatment of, and services rendered to, the enrollee.

(b) (1) In addition to any other provisions of this subtitle, for a covered service rendered to an enrollee of a health maintenance organization by a health care provider not under written contract with the health maintenance organization, the health maintenance organization or its agent:

(i) Shall pay the health care provider within 30 days after the receipt of a claim in accordance with the applicable provisions of this subtitle; and

(ii) Shall pay the claim submitted by:

1. A hospital at the rate approved by the Health Services Cost Review Commission; and

2. Any other health care provider at the rate billed or at the usual, customary, and reasonable rate.

(2) A HEALTH MAINTENANCE ORGANIZATION THAT PAYS A HEALTH CARE PROVIDER AT THE USUAL, CUSTOMARY, AND REASONABLE RATE:

(I) EXCEPT FOR SERVICES RENDERED TO MEDICAL ASSISTANCE RECIPIENTS, MAY NOT USE MEDICARE, MEDICAID, OR WORKERS' COMPENSATION PAYMENTS AS PART OF ANY METHODOLOGY USED TO DETERMINE A PAYMENT AT THE USUAL, CUSTOMARY, AND REASONABLE RATE; AND

(II) ON REQUEST OF THE HEALTH CARE PROVIDER, SHALL DISCLOSE THE METHODOLOGY USED TO DETERMINE THE AMOUNT OF PAYMENT.

(c) (1) A health maintenance organization may seek reimbursement from an enrollee for any payment under subsection (b) of this section for a claim or portion of a claim submitted by a health care provider and paid by the health maintenance organization that the health maintenance organization determines is the responsibility of the enrollee.