

(k) Each carrier shall include the information required by ~~subsections (f) and (g)(2)(iii)~~ (I) SUBSECTION (F)(2)(III), (IV), AND (V) of this section in the policy, plan, certificate, enrollment materials, or other evidence of coverage that the carrier provides to a member at the time of the member's initial coverage or renewal of coverage.

SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

SUBTITLE 10D. COMPLAINT PROCESS FOR COVERAGE DECISIONS.

15-10D-01.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) "APPEAL" MEANS A PROTEST FILED BY A MEMBER OR A HEALTH CARE PROVIDER WITH A CARRIER UNDER ITS INTERNAL APPEAL PROCESS REGARDING A COVERAGE DECISION CONCERNING A MEMBER.

(C) "APPEAL DECISION" MEANS A FINAL DETERMINATION BY A CARRIER THAT ARISES FROM AN APPEAL FILED WITH THE CARRIER UNDER ITS APPEAL PROCESS REGARDING A COVERAGE DECISION CONCERNING A MEMBER.

(D) "CARRIER" MEANS A PERSON THAT OFFERS A HEALTH CARE SERVICES BENEFIT PLAN AND IS:

(1) AN AUTHORIZED INSURER THAT PROVIDES HEALTH INSURANCE IN THE STATE;

(2) A NONPROFIT HEALTH SERVICE PLAN;

(3) A HEALTH MAINTENANCE ORGANIZATION;

(4) A DENTAL PLAN ORGANIZATION; OR

(5) EXCEPT FOR A MANAGED CARE ORGANIZATION, AS DEFINED IN TITLE 15, SUBTITLE 1 OF THE HEALTH - GENERAL ARTICLE, ANY OTHER PERSON THAT ~~PROVIDES~~ OFFERS A HEALTH CARE SERVICES BENEFIT PLAN SUBJECT TO REGULATION BY THE STATE.

(E) "COMPLAINT" MEANS A PROTEST FILED WITH THE COMMISSIONER INVOLVING A COVERAGE DECISION ~~NOT TO PAY A CLAIM FOR HEALTH CARE SERVICES~~ OTHER THAN THAT WHICH IS COVERED BY SUBTITLE 10A OF THIS TITLE.

(F) (1) "COVERAGE DECISION" MEANS ~~A FINAL~~ AN INITIAL DETERMINATION BY A CARRIER OR A REPRESENTATIVE OF THE CARRIER THAT RESULTS IN NONCOVERAGE OF A HEALTH CARE SERVICE.

(2) "COVERAGE DECISION" INCLUDES ~~PAYMENT~~ NONPAYMENT OF ALL OR ANY PART OF A CLAIM.

(3) "COVERAGE DECISION" DOES NOT INCLUDE AN ADVERSE DECISION AS DEFINED IN § 15-10A-01(B) OF THIS TITLE.