

PROVIDER, INCLUDING A HOSPITAL OR AN INTERMEDIATE CARE FACILITY DESCRIBED UNDER § 8-403(E) OF THIS ARTICLE.

(B) IN ADDITION TO ANY OTHER REQUIREMENTS UNDER THIS SUBTITLE, A PRIVATE REVIEW AGENT PERFORMING UTILIZATION REVIEW OF SERVICES RELATED TO THE TREATMENT OF ALCOHOLISM, DRUG ABUSE, OR MENTAL ILLNESS SHALL MEET THE REQUIREMENTS OF THIS SECTION.

(C) (1) A PRIVATE REVIEW AGENT, BY CERTIFIED MAIL RETURN RECEIPT REQUESTED, SHALL FILE WITH THE SECRETARY, ALL HOSPITAL UTILIZATION REVIEW PROGRAMS, AND ALL INTERMEDIATE CARE FACILITIES DESCRIBED UNDER § 8 403(E) OF THIS ARTICLE, A COPY OF:

(I) THE SPECIFIC CRITERIA AND STANDARDS, INCLUDING INTERPRETIVE GUIDELINES, TO BE USED IN EVALUATING PROPOSED OR DELIVERED SERVICES RELATED TO THE TREATMENT OF ALCOHOLISM, DRUG ABUSE, OR MENTAL ILLNESS; AND

(II) ANY SUBSEQUENT REVISIONS OR MODIFICATIONS TO THE SPECIFIC CRITERIA AND STANDARDS, INCLUDING INTERPRETIVE GUIDELINES, TO BE USED IN EVALUATING PROPOSED OR DELIVERED SERVICES RELATED TO THE TREATMENT OF ALCOHOLISM, DRUG ABUSE, OR MENTAL ILLNESS.

(2) UPON WRITTEN REQUEST, THE SECRETARY SHALL PROVIDE TO ANY PERSON A COPY OF THE SPECIFIC CRITERIA AND STANDARDS OR ANY REVISIONS AND MODIFICATIONS TO THOSE CRITERIA AND STANDARDS FILED BY A PRIVATE REVIEW AGENT IN ACCORDANCE WITH THIS SECTION.

(3) THE SECRETARY SHALL ESTABLISH, BY REGULATION, A FEE TO COVER THE REASONABLE COST OF PROVIDING TO A PERSON A COPY OF THE SPECIFIC CRITERIA AND STANDARDS OR ANY REVISIONS AND MODIFICATIONS TO THOSE CRITERIA AND STANDARDS FILED BY A PRIVATE REVIEW AGENT IN ACCORDANCE WITH THIS SECTION.

(D) REVISIONS OR MODIFICATIONS TO THE SPECIFIC CRITERIA OR STANDARDS FILED IN ACCORDANCE WITH SUBSECTION (C)(1) OF THIS SECTION SHALL ONLY BE APPLIED TO THE UTILIZATION REVIEW OF HEALTH CARE SERVICES THAT ARE PROPOSED OR DELIVERED AT LEAST 15 DAYS AFTER THE REVISIONS OR MODIFICATIONS HAVE BEEN RECEIVED BY THE SECRETARY.

(C) ANY DETERMINATION TO DENY OR REDUCE COVERAGE SHALL BE MADE BY A PHYSICIAN, OR A PANEL OF OTHER APPROPRIATE HEALTH CARE PROVIDERS WITH AT LEAST 1 PHYSICIAN, SELECTED BY THE PRIVATE REVIEW AGENT WHO IS:

(1) (1) BOARD CERTIFIED OR ELIGIBLE IN THE SAME