

~~contract, certificate or policy under a nonprofit health service plan to accept less than the amount due.~~

~~[(vi)] (6) To fail to notify in writing any member of a nonprofit health service plan of any denial of his properly completed claim within 60 days of receipt by the corporation of the claim.~~

~~[(b)] The Insurance Commissioner is empowered to conduct such investigations and/or hearings as he shall deem necessary to enforce this section. In the conduct of such investigations and/or hearings, the Insurance Commissioner shall have the same powers with respect to nonprofit health service plans as are granted under Subtitle 2 and Subtitle 3 of this article with respect to any other insurance activity regulated under this article, without exception.]~~

~~[(e)] (B) Whenever it shall appear to the Commissioner that a particular act or practice or proposed act or practice of a corporation licensed under this subtitle and maintaining or operating a nonprofit health service plan is in violation of this section, the burden of persuasion shall be upon the corporation to show that the act or practice or proposed act or practice is justified, fair, reasonable and not unfairly discriminatory.~~

~~[(d)] (C) If, after hearing, the Commissioner finds that any corporation required to be licensed under this subtitle and maintaining or operating a nonprofit health service plan, has violated any of the provisions of this section, he may alternatively or cumulatively:~~

~~[(i)] (1) Order that the underwriting policy or standard be changed or eliminated.~~

~~[(ii)] (2) Order that the corporation so licensed accept the particular risk or business.~~

~~[(iii)] (3) Order that the claim be paid or adjusted in an amount to be stated in his order.~~

~~[(iv)] (4) Suspend, revoke, refuse to issue or refuse to renew the license of the corporation.~~

[354EE.

(a) (1) In this section the following words have the meanings indicated.

(2) "Preferred provider policies or preferred provider contracts" means insurance policies or insurance contracts which specify the services and how services are to be covered when rendered by preferred and nonpreferred providers.

(3) "Preferred provider" means a provider who has contracted with a nonprofit health service plan to meet the terms and conditions offered in the preferred provider policy or preferred provider contract.

(4) "Provider" means any person, including a physician or hospital, who is licensed or otherwise authorized to provide health care services, within the scope of the license or authorization.