

(2) (I) THE SUBJECT TO THE PROVISIONS OF SUBPARAGRAPH (III) OF THIS PARAGRAPH, THE REGULATIONS ADOPTED BY THE SECRETARY SHALL INCLUDE A UNIFORM TREATMENT PLAN FORM FOR UTILIZATION REVIEW OF SERVICES FOR THE TREATMENT OF A MENTAL ILLNESS, EMOTIONAL DISORDER, OR A DRUG ABUSE OR ALCOHOL ABUSE DISORDER.

(II) THE UNIFORM TREATMENT PLAN FORM ADOPTED BY THE SECRETARY:

1. SHALL ADEQUATELY PROTECT THE CONFIDENTIALITY OF THE PATIENT; AND

2. MAY ONLY REQUEST THE PATIENT'S MEMBERSHIP NUMBER, POLICY NUMBER, OR OTHER SIMILAR UNIQUE PATIENT IDENTIFIER AND FIRST NAME FOR PATIENT IDENTIFICATION.

(III) THE SECRETARY MAY WAIVE THE REQUIREMENTS OF REGULATIONS ADOPTED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH FOR THE USE OF A UNIFORM TREATMENT PLAN FORM FOR ANY ENTITY THAT WOULD BE USING THE FORM SOLELY FOR INTERNAL PURPOSES.

19-1305.1.

(G) (1) A PRIVATE REVIEW AGENT THAT REQUIRES A HEALTH CARE PROVIDER TO SUBMIT A TREATMENT PLAN IN ORDER FOR THE PRIVATE REVIEW AGENT TO CONDUCT UTILIZATION REVIEW OF PROPOSED OR DELIVERED SERVICES FOR THE TREATMENT OF A MENTAL ILLNESS, EMOTIONAL DISORDER, OR A DRUG ABUSE OR ALCOHOL ABUSE DISORDER:

(I) SHALL ACCEPT THE UNIFORM TREATMENT PLAN FORM ADOPTED BY THE SECRETARY UNDER § 19-1303(E) OF THIS SUBTITLE AS A PROPERLY SUBMITTED TREATMENT PLAN FORM; AND

(II) MAY NOT IMPOSE ANY REQUIREMENT TO:

1. MODIFY THE UNIFORM TREATMENT PLAN FORM OR ITS CONTENT; OR

2. SUBMIT ADDITIONAL TREATMENT PLAN FORMS.

(2) A UNIFORM TREATMENT PLAN FORM SUBMITTED UNDER THE PROVISIONS OF THIS SUBSECTION:

(I) SHALL BE PROPERLY COMPLETED BY THE HEALTH CARE PROVIDER; AND

(II) MAY BE SUBMITTED BY ELECTRONIC TRANSFER.