- (f) "Grievance decision" means a final determination by a carrier that arises from a grievance filed with the carrier under its internal grievance process regarding an adverse decision concerning a member.
- (g) "Health Advocacy Unit" means the Health Education and Advocacy Unit in the Division of Consumer Protection of the Office of the Attorney General established under Title 13, Subtitle 4A of the Commercial Law Article.
- (H) $\stackrel{\text{(4)}}{}$ "HEALTH BENEFIT PLAN" MEANS: HAS THE MEANING STATED IN § 2–112.2(A) OF THIS ARTICLE.
- (I) A HOSPITAL OR MEDICAL POLICY OR CERTIFICATE, INCLUDING THOSE ISSUED UNDER MULTIPLE EMPLOYER TRUSTS OR ASSOCIATIONS LOCATED IN MARYLAND OR ANY OTHER STATE COVERING MARYLAND RESIDENTS:
- (II) A POLICY, CONTRACT, OR CERTIFICATE ISSUED BY A NONPROFIT HEALTH SERVICE PLAN THAT COVERS MARYLAND RESIDENTS;
 - (III) A HEALTH MAINTENANCE ORGANIZATION CONTRACT; OR
 - (IV) A DENTAL PLAN.
- (2) "HEALTH BENEFIT PLAN" DOES NOT INCLUDE ONE OR MORE, OR ANY COMBINATION OF THE FOLLOWING:
 - (I) LONG TERM CARE INSURANCE.
 - (II) DISABILITY INSURANCE:
- (HI) ACCIDENTAL TRAVEL AND ACCIDENTAL DEATH—AND DISMEMBERMENT INSURANCE:
 - (IV) CREDIT HEALTH INSURANCE:
- (V) ANY INSURANCE, MEDICAL POLICY, OR CERTIFICATE FOR WHICH PAYMENT OF BENEFITS ARE CONDITIONED ON A DETERMINATION OF MEDICAL NECESSITY MADE SOLELY BY THE TREATING HEALTH CARE PROVIDER:
- (VI) ANY INSURANCE, MEDICAL POLICY, OR CERTIFICATE FOR WHICH PAYMENT OF BENEFITS IS NOT CONDITIONED ON A DETERMINATION OF MEDICAL NECESSITY; OR
- (VII) A HEALTH BENEFIT PLAN ISSUED BY A MANAGED CARE ORGANIZATION, AS DEFINED IN TITLE 15, SUBTITLE 1 OF THE HEALTH—GENERAL ARTICLE.
 - [(h)] (I) "Health care provider" means:
- (1) an individual who is licensed under the Health Occupations Article to provide health care services in the ordinary course of business or practice of a profession and is a treating provider of the member; or
 - (2) a hospital, as defined in § 19-301 of the Health General Article.