

- (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.

(G) (1) "HEALTH BENEFIT PLAN" MEANS:

(I) A HOSPITAL OR MEDICAL POLICY OR CONTRACT, INCLUDING A POLICY OR CONTRACT ISSUED UNDER A MULTIPLE EMPLOYER TRUST OR ASSOCIATION;

(II) A HOSPITAL OR MEDICAL POLICY OR CONTRACT ISSUED BY A NONPROFIT HEALTH SERVICE PLAN;

(III) A HEALTH MAINTENANCE ORGANIZATION CONTRACT; OR

(IV) A DENTAL PLAN ORGANIZATION CONTRACT.

(2) "HEALTH BENEFIT PLAN" DOES NOT INCLUDE ONE OR MORE, OR ANY COMBINATION OF THE FOLLOWING:

(I) LONG-TERM CARE INSURANCE;

(II) DISABILITY INSURANCE;

(III) ACCIDENTAL TRAVEL AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE;

(IV) CREDIT HEALTH INSURANCE; OR

(V) A HEALTH BENEFIT PLAN ISSUED BY A MANAGED CARE ORGANIZATION, AS DEFINED IN TITLE 15, SUBTITLE 1 OF THE HEALTH - GENERAL ARTICLE;

(VI) DISEASE-SPECIFIC INSURANCE; OR