(4) flexible enough to allow deviations from norms when justified on a case by case basis.]

A PRIVATE REVIEW AGENT SHALL ADVISE THE COMMISSIONER, IN WRITING, OF A CHANGE IN:

- (1) CORPORATE OWNERSHIP, MEDICAL DIRECTOR, OR CHIEF EXECUTIVE OFFICER AT LEAST 60 DAYS BEFORE WITHIN 30 DAYS OF THE DATE OF THE CHANGE;
- (2) THE NAME, ADDRESS, OR TELEPHONE NUMBER OF THE PRIVATE REVIEW AGENT WITHIN 30 DAYS OF THE DATE OF THE CHANGE; OR
- (3) THE PRIVATE REVIEW AGENT'S SCOPE OF RESPONSIBILITY <u>UNDER A</u> <u>CONTRACT.</u>

15-10B-06.

- [(a) In this section, "utilization review" means a system for reviewing the appropriate and efficient allocation of health care resources and services given or proposed to be given to a patient or group of patients by a health care provider, including a hospital or an intermediate care facility described under § 8–403(e) of the Health General 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) All adverse decisions 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) (i) board certified or eligible in the same specialty as the treatment under review; or
- (ii) actively practicing, or has demonstrated expertise, in the alcohol, drug abuse, or mental health service or treatment under review; and
- (2) not compensated by the private review agent in a manner that provides a financial incentive directly or indirectly to deny or reduce coverage.
- (d) If a course of treatment has been preauthorized or approved for a patient, a private review agent may not revise or modify the specific criteria or standards used for the utilization review to make an adverse decision regarding the services delivered to that patient.
- (e) (1) In the event a patient or health care provider, including a physician, intermediate care facility described under § 8–403(e) of the Health General Article, or hospital seeks reconsideration or appeal of an adverse decision by a private review agent, the final determination of the appeal of the adverse decision shall be made based on the professional judgment of a physician, or a panel of other appropriate health care providers with at least 1 physician, selected by the private review agent who is: