

(i) 1. board certified or eligible in the same specialty as the treatment under review; or

2. actively practicing or has demonstrated expertise in the alcohol, drug abuse, or mental health service or treatment under review; and

(ii) not compensated by the private review agent in a manner that provides a financial incentive directly or indirectly to deny or reduce coverage.

(2) 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 stated in writing and shall reference the specific criteria and standards, including interpretive guidelines, upon which the denial or reduction in coverage is based.

(f) A private review agent may not charge a fee to a patient or health care provider for an appeal of an adverse decision.]

(A) (1) A PRIVATE REVIEW AGENT SHALL:

(I) MAKE ALL INITIAL DETERMINATIONS ON WHETHER TO AUTHORIZE OR CERTIFY A NONEMERGENCY COURSE OF TREATMENT FOR A PATIENT WITHIN 2 WORKING DAYS AFTER RECEIPT OF THE INFORMATION NECESSARY TO MAKE THE DETERMINATION;

(II) MAKE ALL DETERMINATIONS ON WHETHER TO AUTHORIZE OR CERTIFY AN EXTENDED STAY IN A HEALTH CARE FACILITY OR ADDITIONAL HEALTH CARE SERVICES WITHIN 1 WORKING DAY AFTER RECEIPT OF THE INFORMATION NECESSARY TO MAKE THE DETERMINATION; AND

(III) PROMPTLY NOTIFY THE HEALTH CARE PROVIDER OF THE DETERMINATION.

(2) IF WITHIN 3 CALENDAR DAYS AFTER RECEIPT OF THE INITIAL REQUEST FOR HEALTH CARE SERVICES THE PRIVATE REVIEW AGENT DOES NOT HAVE SUFFICIENT INFORMATION TO MAKE A DETERMINATION, THE PRIVATE REVIEW AGENT SHALL INFORM THE HEALTH CARE PROVIDER THAT ADDITIONAL INFORMATION MUST BE PROVIDED.

(B) IF AN INITIAL DETERMINATION IS MADE BY A PRIVATE REVIEW AGENT NOT TO AUTHORIZE OR CERTIFY A HEALTH CARE SERVICE AND THE HEALTH CARE PROVIDER BELIEVES THE DETERMINATION WARRANTS AN IMMEDIATE RECONSIDERATION, A PRIVATE REVIEW AGENT ~~SHALL~~ MAY PROVIDE THE HEALTH CARE PROVIDER THE OPPORTUNITY TO SPEAK WITH THE PHYSICIAN THAT RENDERED THE DETERMINATION, BY TELEPHONE ON AN EXPEDITED BASIS, WITHIN A PERIOD OF TIME NOT TO EXCEED 24 HOURS OF THE HEALTH CARE PROVIDER SEEKING THE RECONSIDERATION.

(C) FOR EMERGENCY INPATIENT ADMISSIONS, A PRIVATE REVIEW AGENT MAY NOT RENDER AN ADVERSE DECISION SOLELY BECAUSE THE HOSPITAL DID NOT NOTIFY THE PRIVATE REVIEW AGENT OF THE EMERGENCY ADMISSION WITHIN 24