

(i) To evaluate the effectiveness of hospitals' utilization review programs; and

(ii) To determine if the utilization review programs are in compliance with the provisions of this section and regulations adopted by the Secretary to administer this section.

19-1301.

(a) In this subtitle the following words have the meanings indicated.

(B) (1) "ADVERSE DECISION" MEANS A UTILIZATION REVIEW DETERMINATION MADE BY A PRIVATE REVIEW AGENT THAT A PROPOSED OR DELIVERED HEALTH CARE SERVICE:

(I) IS OR WAS NOT NECESSARY, APPROPRIATE, OR EFFICIENT; AND

(II) MAY RESULT IN NONCOVERAGE OF THE HEALTH CARE SERVICE.

(2) THERE IS NO ADVERSE DECISION IF THE PRIVATE REVIEW AGENT AND THE HEALTH CARE PROVIDER ON BEHALF OF THE PATIENT REACH AN AGREEMENT ON THE PROPOSED OR DELIVERED HEALTH CARE SERVICES.

[(b)](C) "Health care facility" means:

(1) A hospital as defined in § 19-301 of this title;

(2) A related institution as defined in § 19-301 of this title;

(3) An ambulatory surgical facility or center which is any entity or part thereof that operates primarily for the purpose of providing surgical services to patients not requiring hospitalization and seeks reimbursement from third party payors as an ambulatory surgical facility or center;

(4) A facility that is organized primarily to help in the rehabilitation of disabled individuals;

(5) A home health agency as defined in § 19-401 of this title;

(6) A hospice as defined in § 19-901 of this title;

(7) A facility that provides radiological or other diagnostic imagery services;

(8) A medical laboratory as defined in § 17-201 of this article; or

(9) An alcohol abuse and drug abuse treatment program as defined in § 8-403 of this article.

[(c)](D) "Utilization review" means a system for reviewing the appropriate and efficient allocation of hospital resources and services given or proposed to be given to a patient or group of patients.