

CHAPTER 111
(Senate Bill 401)

AN ACT concerning

Health Insurance - Complaint Process for Adverse Decisions and Grievances

FOR the purpose of requiring a carrier to establish a certain internal grievance process for its members; requiring a carrier to file a copy of its internal grievance process with the Maryland Insurance Commissioner and the Health Education and Advocacy Unit in the Division of Consumer Protection of the Office of the Attorney General; requiring a carrier to provide certain information about the internal grievance process to a member under certain circumstances; requiring a carrier to send a member or certain other individuals written notice of an adverse decision or grievance decision under certain circumstances; specifying the contents of the notice; requiring that certain information related to the internal grievance process be included in a policy, certificate, enrollment materials, or other evidence of coverage a carrier provides to a member; specifying that a carrier has the burden of persuasion that its grievance decision or adverse decision is correct during a certain review by the Commissioner; authorizing the Commissioner to seek and receive certain advice from an independent review organization or certain other persons under certain circumstances; requiring the Commissioner to make a final decision on all complaints filed that are within the Commissioner's jurisdiction; authorizing the Commissioner to issue certain orders under certain circumstances; requiring certain carriers to provide certain requested information to the Unit and the Commissioner within a certain time under certain circumstances; establishing a certain health care regulatory assessment; establishing a Health Care Regulatory Fund; transferring responsibility for investigating complaints concerning health maintenance organizations to the Insurance Commissioner; requiring the Secretary of Health and Mental Hygiene to adopt certain regulations and make a certain report to the Commissioner; altering certain penalties; requiring the Commissioner to adopt regulations; requiring certain persons to prepare and publish certain annual reports; providing that the failure of an insurer or nonprofit health service plan to satisfy the provisions of this Act is an unfair claim settlement practice; transferring the administrative and enforcement responsibility for private review agents to the Insurance Commissioner; altering certain provisions of law related to utilization review concerning the types of health care providers that may make an adverse determination or make a determination in the appeal of an adverse determination; authorizing the State Board of Physician Quality Assurance to discipline physicians who have certain responsibilities relating to a system of delivery of health care services; providing a certain exception to the Board's disciplinary authority; requiring certain individuals to obtain a certification from the Commissioner in order to perform their responsibilities as a medical director for a health maintenance organization; requiring the Commissioner to adopt certain regulations related to the certification of medical directors;