

OTHER APPROPRIATE ENTITY, DETERMINES THAT THE CRITERIA AND STANDARDS USED BY A HEALTH MAINTENANCE ORGANIZATION TO CONDUCT UTILIZATION REVIEW ARE NOT:

(I) OBJECTIVE;

(II) CLINICALLY VALID;

(III) COMPATIBLE WITH ESTABLISHED PRINCIPLES OF HEALTH CARE; OR

(IV) FLEXIBLE ENOUGH TO ALLOW DEVIATIONS FROM NORMS WHEN JUSTIFIED ON A CASE BY CASE BASIS.

(D) THE COMMISSIONER MAY REFER COMPLAINTS NOT WITHIN THE COMMISSIONER'S JURISDICTION TO THE HEALTH ADVOCACY UNIT OR ANY OTHER APPROPRIATE FEDERAL OR STATE GOVERNMENT AGENCY OR UNIT FOR DISPOSITION OR RESOLUTION.

15-10A-05.

(A) FOR COMPLAINTS FILED WITH THE COMMISSIONER UNDER THIS SUBTITLE THAT INVOLVE A QUESTION OF WHETHER THE HEALTH CARE SERVICE PROVIDED OR TO BE PROVIDED TO A MEMBER IS MEDICALLY NECESSARY, THE COMMISSIONER MAY SELECT AND ACCEPT AND BASE THE FINAL DECISION ON A COMPLAINT ON THE PROFESSIONAL JUDGMENT OF AN INDEPENDENT REVIEW ORGANIZATION OR INDEPENDENT MEDICAL EXPERTS.

(B) (4) TO ENSURE ACCESS TO ADVICE WHEN NEEDED, THE COMMISSIONER, IN CONSULTATION WITH THE SECRETARY OF HEALTH AND MENTAL HYGIENE AND CARRIERS, SHALL COMPILE A LIST OF INDEPENDENT REVIEW ORGANIZATIONS AND INDEPENDENT MEDICAL EXPERTS.

~~(2) AN INDEPENDENT REVIEW ORGANIZATION OR AN INDEPENDENT MEDICAL EXPERT MAY NOT BE A PRIVATE REVIEW AGENT.~~

(C) ANY EXPERT REVIEWER ASSIGNED BY AN INDEPENDENT REVIEW ORGANIZATION OR MEDICAL EXPERT SHALL BE A PHYSICIAN OR OTHER APPROPRIATE HEALTH CARE PROVIDER WHO MEETS THE FOLLOWING MINIMUM REQUIREMENTS:

(1) BE AN EXPERT IN THE TREATMENT OF THE MEMBER'S MEDICAL CONDITION, AND KNOWLEDGEABLE ABOUT THE RECOMMENDED HEALTH CARE SERVICE OR TREATMENT THROUGH ACTUAL CLINICAL EXPERIENCE;

(2) HOLD:

(I) A NONRESTRICTED LICENSE IN A STATE OF THE UNITED STATES; AND

(II) IN THE CASE OF A PHYSICIAN, A CURRENT CERTIFICATION BY A RECOGNIZED AMERICAN MEDICAL SPECIALTY BOARD IN THE AREA OR AREAS APPROPRIATE TO THE SUBJECT OF REVIEW; AND