

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 individuals 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 complaint fee regulatory assessment; establishing a Health Care Regulatory Fund; transferring the responsibility for receiving complaints on health maintenance organizations from the Department of Health and Mental Hygiene to the Commissioner; requiring the Secretary of Health and Mental Hygiene to submit certain reports to the Commissioner concerning the investigation of certain complaints; requiring the Commissioner to adopt regulations; altering certain penalties; 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; requiring certain individuals to obtain a certification from the Commissioner in order to perform their responsibilities as a medical director for ~~certain persons~~ a health maintenance organization; requiring the Commissioner to adopt certain regulations related to the certification of medical directors; requiring a medical director of a health maintenance organization to be a physician licensed in this State and be certified in accordance with this Act; requiring the Health Education and Advocacy Unit and the Commissioner to enter into a certain Memorandum of Understanding by a certain date; requiring the Health Education and Advocacy Unit to make certain recommendations to certain committees of the General Assembly by a certain date; *requiring the Commissioner to submit a certain report by a certain date; providing for the accurate codification of provisions of this Act; providing for the delayed effective date of certain provisions of this Act; providing for the termination of certain provisions of this Act; providing for the application of this Act;* altering certain definitions; defining certain terms; and generally relating to a carrier's internal grievance process for members.

BY transferring

Article - Health - General

Section 19-1301 through 19-1305, 19-1305.1, 19-1305.2, 19-1305.3, 19-1305.4, 19-1306 through 19-1311, 19-1311.1, 19-1312, and 19-1313