REIMBURSE FOR HEALTH CARE SERVICES SPECIFIED IN THE CARRIER'S POLICIES OR CONTRACTS WITH MEMBERS, THE COMMISSIONER MAY:

- CARRIER OR ANY OF THE PERSONNEL EMPLOYED OR ASSOCIATED WITH THE CARRIER;
  - 2. FULFILL THE CARRIER'S CONTRACTUAL OBLIGATIONS;
- 3. PROVIDE A HEALTH CARE SERVICE OR PAYMENT THAT HAS BEEN DENIED IMPROPERLY; OR
- 4. TAKE APPROPRIATE STEPS TO RESTORE THE CARRIER'S ABILITY TO PROVIDE A HEALTH CARE SERVICE OR PAYMENT THAT IS PROVIDED UNDER A CONTRACT; OR
- 1. FOR AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR DENTAL PLAN ORGANIZATION, UNDER THIS ARTICLE; OR
- 2. FOR A HEALTH MAINTENANCE ORGANIZATION, UNDER THE HEALTH GENERAL ARTICLE OR UNDER THIS ARTICLE.
- (3) IN ADDITION TO PARAGRAPH (1) OF THIS SUBSECTION, IT IS A VIOLATION OF THIS SUBTITLE, IF THE COMMISSIONER, IN CONSULTATION WITH AN INDEPENDENT REVIEW ORGANIZATION, MEDICAL EXPERT, THE DEPARTMENT, OR 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