

~~10-1305.3.~~

~~(a) Except as provided in subsection (b) of this section, a private review agent shall:~~

~~(1) Make all initial determinations on whether to authorize or certify a nonemergency course of treatment for a patient within 2 working days of receipt of the CLINICAL information necessary to make the determination; and~~

~~(2) Promptly notify the attending health care provider and patient of the determination.~~

~~(b) A private review agent shall:~~

~~(1) Make all determinations on whether to authorize or certify an extended stay in a health care facility or additional health care services [within 1 working] THE SAME day of receipt of the CLINICAL information necessary to make the determination; and~~

~~(2) [Promptly] WITHIN THE SAME DAY notify the attending health care provider AND THE UTILIZATION REVIEW DEPARTMENT OF THE HEALTH CARE FACILITY of the determination.~~

~~10-1312.~~

~~(a) A person who violates any provision of this subtitle or any regulation adopted under this subtitle is guilty of a misdemeanor and on conviction is subject to a penalty not exceeding [\\$1,000] \$5,000. Each day a violation is continued after the first conviction is a separate offense.~~

~~(b) (1) In addition to the provisions of subsection (a) of this section, the Secretary may impose an administrative penalty of up to [\\$1,000] \$5,000 for a violation of any provision of this subtitle.~~

~~(2) The Secretary shall adopt regulations to provide standards for the imposition of an administrative penalty under paragraph (1) of this subsection.~~

(a) The Insurance Commissioner, in consultation with the Maryland Hospital Association, the Maryland Association of Health Maintenance Organizations, the League of Life and Health Insurers, the Medical-Chirurgical Faculty of Maryland, and other interested organizations representing health care providers and health insurance carriers shall study hospital utilization review, including:

(1) the availability of clear and consistent operating policies and procedures;

(2) the use of concurrent, rather than retrospective, review and the availability of personnel needed for concurrent review;

(3) payment for ancillary services, when payment is denied for hospital days;