

# Title 31 MARYLAND INSURANCE ADMINISTRATION

## Subtitle 10 HEALTH INSURANCE — GENERAL

### Chapter 30 Disability Benefit Claims Procedure

Authority: Insurance Article, §§ 2-109(a)(1) and 15-1010, Annotated Code of Maryland

#### **.03 Establishment of Claim and Appeal Procedures.**

A. (text unchanged)

B. The procedures established by an insurer shall:

(1) — (10) (text unchanged)

(11) *Ensure that all claims and appeals are adjudicated in a manner designed to ensure the independence and impartiality of the persons involved in making the decision. Accordingly, decisions regarding hiring, compensation, termination, promotion, or other similar matters with respect to any individual (such as a claims adjudicator or medical or vocational expert) must not be made based upon the likelihood that the individual will support the denial of benefits.*

(12) *Provide that before the insurer issues an adverse appeal determination the insurer shall provide the claimant, free of charge, with any new or additional evidence considered, relied upon, or generated by the insurer or other person making the benefit determination in connection with the claim. Such evidence must be provided as soon as possible and sufficiently in advance of the date on which the notice of adverse appeal determination is required to be provided to give the covered individual a reasonable opportunity to respond prior to that date.*

(13) *Provide that, before the insurer can issue an adverse appeal determination based on a new or additional rationale, the insurer shall provide the claimant, free of charge, with the rationale. The rationale must be provided as soon as possible and sufficiently in advance.*

C. — D. (text unchanged)

#### **.04 Timing and Content of Notice of Adverse Benefit Determination**

A. — F. (text unchanged)

G. The notice of an adverse benefit determination shall include:

(1) — (5) (text unchanged)

(6) *A discussion of the decision, including an explanation of the basis for disagreeing with or not following:*

(a) *The views presented by the claimant to the plan of health care professionals treating the claimant and vocational professionals who evaluated the claimant;*

(b) *The views of medical or vocational experts whose advice was obtained on behalf of the plan in connection with a claimant's adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination; and*

(c) *A disability determination regarding the claimant presented by the claimant to the plan made by the Social Security Administration.*

H. *The notification shall be provided in a culturally and linguistically appropriate manner.*

I. *An insurer is considered to provide relevant notices in a culturally and linguistically appropriate manner if:*

(1) *The insurer provides oral language services (such as a telephone customer assistance hotline) that include answering questions in any applicable non-English language and providing assistance with filing claims and appeals in any applicable non-English language;*

(2) *The insurer provides, upon request, a notice in any applicable non-English language; and*

(3) *The insurer includes in the English version of all notices, a statement prominently displayed in any applicable non-English language clearly indicating how to access the language services provided by the insurer.*

J. *With respect to an address in any United States county to which a notice is sent, a non-English language is an applicable non-English language if ten percent or more of the population residing in the county is literate only in the same non-English language, as determined in guidance published by the U.S. Secretary of Labor.*

#### **.05 Timing and Notice of an Appeal Determination**

A. — E. (text unchanged)

F. The notice of an adverse appeal determination shall include:

(1) — (5) (text unchanged)

(6) *A discussion of the decision, including an explanation of the basis for disagreeing with or not following:*

(a) *The views presented by the covered individual to the insurer of health care professionals treating the covered individual and vocational professionals who evaluated the covered individual;*

(b) *The views of medical or vocational experts whose advice was obtained on behalf of the insurer in connection with a covered individual's adverse appeal determination, without regard to whether the advice was relied upon in making the appeal determination; and*

(c) *A disability determination regarding the covered individual presented by the covered individual to the insurer made by the Social Security Administration.*

G. (text unchanged)

H. *The notice of an adverse appeal determination shall be provided in a culturally and linguistically appropriate manner.*

I. *An insurer is considered to provide relevant notices in a culturally and linguistically appropriate manner if:*

*(1) The insurer provides oral language services (such as a telephone customer assistance hotline) that include answering questions in any applicable non-English language and providing assistance with filing claims and appeals in any applicable non-English language;*

*(2) The insurer provides, upon request, a notice in any applicable non-English language; and*

*(3) The insurer includes in the English version of all notices, a statement prominently displayed in any applicable non-English language clearly indicating how to access the language services provided by the insurer.*

J. *With respect to an address in any United States county to which a notice is sent, a non-English language is an applicable non-English language if ten percent or more of the population residing in the county is literate only in the same non-English language, as determined in guidance published by the U.S. Secretary of Labor.*