

B. The Department may request documentation to verify that a dwelling house is the legal or principal residence of an applicant. This documentation may include, but is not limited to, requiring an applicant to execute a sworn affidavit regarding residency for purposes of voting, driver's license address, and income tax filing. Failure to provide the requested information within 30 days of the date of a request shall result in a dwelling house being designated as not a legal or principal residence for purposes of the exemption provided in Tax-Property Article, §7-208, Annotated Code of Maryland.

C. A dwelling house in this State will not qualify as the legal or principal residence of an applicant if another dwelling is the applicant's legal or principal residence, either within or outside the State.

MICHAEL HIGGS  
Director of Assessments and Taxation

# Title 31 MARYLAND INSURANCE ADMINISTRATION

## Subtitle 10 HEALTH INSURANCE— GENERAL

### 31.10.30 Disability Benefit Claims Procedures

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

#### Notice of Proposed Action [23-350-P]

The Insurance Commissioner proposes to amend Regulations .03—.05 under **COMAR 31.10.30 Disability Benefit Claims Procedures.**

#### Statement of Purpose

The purpose of this action is to amend COMAR 31.10.30 Disability Benefit Claims Procedure to be consistent with recent federal regulation changes, in accordance with Insurance Article, §15-1010, Annotated Code of Maryland. This action adds insurer requirements for the establishment of a claim and the appeal procedures. This action also adds insurer requirements for the timing and content of notice of adverse benefit determination and of an appeal determination.

#### Estimate of Economic Impact

The proposed action has no economic impact.

#### Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

#### Impact on Individuals with Disabilities

The proposed action has an impact on individuals with disabilities as follows:

The regulations would require additional information in the notices sent to people who have filed claims for disability income benefits.

#### Opportunity for Public Comment

Comments may be sent to Jessica Blackmon, Law Clerk, Maryland Insurance Administration, 200 Saint Paul Place, Suite 2700, Baltimore, MD 21202, or call 410-468-2019, or email to [jessica.blackmon@maryland.gov](mailto:jessica.blackmon@maryland.gov). Comments will be accepted through March 11, 2024. A public hearing has not been scheduled.

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

A. (text unchanged)

- B. The procedures established by an insurer shall:
- (1)—(8) (text unchanged)
  - (9) Provide for the identification of medical or vocational experts whose advice was obtained on behalf of the insurer in connection with a covered individual's adverse benefit determination, without regard to whether the advice was relied upon in making the adverse benefit determination; [and]
  - (10) Require the individual deciding an appeal of an adverse benefit determination, based in whole or in part on a medical judgment, to consult with a health care professional who:
    - (a) (text unchanged)
    - (b) Is not:
      - (i) (text unchanged)
      - (ii) The subordinate of the health care professional[.];

(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, and, 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, may 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, which shall 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; and

(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, which shall 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)—(3) (text unchanged)
- (4) A description of the insurer's appeal procedures and the time limits applicable to the procedures; [and]
- (5) If an internal rule, guideline, protocol, or similar criterion was relied on in making the adverse benefit determination, either:
  - (a) (text unchanged)
  - (b) A statement that:
    - (i) (text unchanged)
    - (ii) A copy of the rule, guideline, protocol, or other similar criterion will be provided on request free of charge to the covered individual[.]; and

(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 10 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.

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 10 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.

KATHLEEN A. BIRRANE  
Insurance Commissioner

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

A.—E. (text unchanged)

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

(1)—(3) (text unchanged)

(4) If an internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse appeal determination, either:

(a) (text unchanged)

(b) A statement that:

(i) (text unchanged)

(ii) A copy of the rule, guideline, protocol, or other similar criterion will be provided on request free of charge to the covered individual; [and]

(5) The address, telephone number, and facsimile number of the Commissioner[.]; and

(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.