(2002 Replacement Volume and 2005 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Insurance

15–112.

(b) (1) (I) A carrier that uses a provider panel shall:

1. IF THE CARRIER IS AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR DENTAL PLAN ORGANIZATION, MAINTAIN STANDARDS IN ACCORDANCE WITH REGULATIONS ADOPTED BY THE COMMISSIONER FOR AVAILABILITY OF HEALTH CARE PROVIDERS TO MEET THE HEALTH CARE NEEDS OF ENROLLEES; AND

2. IF THE CARRIER IS A HEALTH MAINTENANCE ORGANIZATION, ADHERE TO THE STANDARDS FOR ACCESSIBILITY OF COVERED SERVICES IN ACCORDANCE WITH REGULATIONS ADOPTED UNDER § 19–705.1(B)(1)(II) OF THE HEALTH – GENERAL ARTICLE; AND

(II) establish procedures to:

~~(1)~~ 1. review applications for participation on the carrier's provider panel in accordance with this section;

~~(2)~~ 2. notify an enrollee of:

~~(i)~~ A. the termination from the carrier's provider panel of the primary care provider that was furnishing health care services to the enrollee; and

~~(ii)~~ B. the right of the enrollee, on request, to continue to receive health care services from the enrollee's primary care provider for up to 90 days after the date of the notice of termination of the enrollee's primary care provider from the carrier's provider panel, if the termination was for reasons unrelated to fraud, patient abuse, incompetency, or loss of licensure status;

~~(3)~~ 3. notify primary care providers on the carrier's provider panel of the termination of a specialty referral services provider; [and]

~~(4)~~ 4. VERIFY WITH EACH PROVIDER ON THE CARRIER'S PROVIDER PANEL, AT ~~LEAST ANNUALLY~~ THE TIME OF CREDENTIALING AND RECREDENTIALING, WHETHER THE PROVIDER IS ACCEPTING NEW PATIENTS AND ~~PROMPTLY~~ UPDATE THE INFORMATION ON PARTICIPATING PROVIDERS THAT THE CARRIER IS REQUIRED TO PROVIDE UNDER SUBSECTION (J) OF THIS SECTION; AND

~~(5) ENSURE THAT THERE IS A SUFFICIENT NUMBER OF PROVIDERS IN EACH SPECIALTY, BOTH ADULT AND PEDIATRIC, ON THE CARRIER'S PROVIDER PANEL TO GUARANTEE THAT AN ENROLLEE CAN ACCESS COVERED SERVICES:~~

~~(I) IN AN URBAN AREA, WITHIN 10 MILES OR 30 MINUTES FROM THE ENROLLEE'S RESIDENCE; OR~~