

(I) 3 WORKING DAYS AFTER THE DATE THE PARTICIPATING PROVIDER PLACED THE NOTIFICATION IN THE U.S. MAIL, IF THE PARTICIPATING PROVIDER MAINTAINS THE STAMPED CERTIFICATE OF MAILING FOR THE NOTICE; OR

(II) ON THE DATE RECORDED BY THE COURIER, IF THE NOTIFICATION WAS DELIVERED BY COURIER.

~~(5) IT IS AN UNFAIR TRADE PRACTICE UNDER § 27-102 OF THIS ARTICLE FOR A CARRIER TO:~~

~~(I) FAIL TO ACCURATELY MAINTAIN AND PROVIDE TO ENROLLEES INFORMATION ON WHETHER A PROVIDER IS ACCEPTING NEW PATIENTS; OR~~

~~(II) FAIL TO MAINTAIN A SUFFICIENT NUMBER OF PROVIDERS ON THE CARRIER'S PROVIDER PANEL TO MEET THE REQUIREMENTS OF SUBSECTION (B)(5) OF THIS SECTION.~~

15-830.

(a) (1) In this section the following words have the meanings indicated.

(2) "Carrier" means:

(i) an insurer that offers health insurance other than long-term care insurance or disability insurance;

(ii) a nonprofit health service plan;

(iii) a health maintenance organization;

(iv) a dental plan organization; or

(v) except for a managed care organization as defined in Title 15, Subtitle 1 of the Health - General Article, any other person that provides health benefit plans subject to State regulation.

(3) (i) "Member" means an individual entitled to health care benefits under a policy or plan issued or delivered in the State by a carrier.

(ii) "Member" includes a subscriber.

(4) "Provider panel" [means those providers with which a carrier contracts to provide services to its members] HAS THE MEANING STATED IN § 15-112(A) OF THIS TITLE.

(5) "Specialist" means a physician who is certified or trained to practice in a specified field of medicine and who is not designated as a primary care provider by the carrier.

(b) (1) Each carrier that does not allow direct access to specialists shall establish and implement a procedure by which a member may receive a standing referral to a specialist in accordance with this subsection.

(2) The procedure shall provide for a standing referral to a specialist if: