

~~(F) (G) EACH CARRIER SHALL ESTABLISH AN INTERNAL REVIEW SYSTEM TO RESOLVE AN APPEAL BY A PROVIDER OF A TERMINATION OF THE PROVIDER FROM PARTICIPATION IN THE CARRIER'S PROVIDER PANEL.~~

(G) EACH CARRIER SHALL ESTABLISH AN INTERNAL REVIEW SYSTEM TO RESOLVE ANY GRIEVANCES INITIATED BY PROVIDERS THAT ARE PARTICIPATING IN THE CARRIER'S PROVIDER PANEL, INCLUDING GRIEVANCES INVOLVING THE TERMINATION OF A PROVIDER FROM PARTICIPATION IN THE CARRIER'S PROVIDER PANEL.

~~(G) (H) A CARRIER MAY NOT TERMINATE A PROVIDER FROM PARTICIPATION IN THE CARRIER'S PROVIDER PANEL, OR OTHERWISE PENALIZE A PROVIDER, FOR:~~

(1) ADVOCATING THE INTEREST OF A PATIENT THROUGH THE CARRIER'S INTERNAL REVIEW SYSTEM; OR

(2) FILING AN APPEAL UNDER THE PROVISIONS OF TITLE 19, SUBTITLE 13 OF THE HEALTH - GENERAL ARTICLE.

~~(H) (I) (1) A CARRIER SHALL PROVIDE TO A NEW MEMBER PRIOR TO ENROLLMENT AND TO EXISTING ENROLLEES AT LEAST ONCE A YEAR:~~

(I) A LIST OF PROVIDERS IN ITS PROVIDER PANEL; AND

(II) INFORMATION WITH RESPECT TO PROVIDERS WHO ARE NO LONGER ACCEPTING NEW PATIENTS.

(2) THE INFORMATION PROVIDED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE UPDATED AT LEAST ONCE A YEAR.

(3) THE EVIDENCE OF COVERAGE, POLICY, OR CERTIFICATE SHALL:

(I) CLEARLY INDICATE THE OFFICE WITHIN THE ADMINISTRATION THAT IS RESPONSIBLE FOR RECEIVING AND RESPONDING TO ENROLLEE'S COMPLAINTS CONCERNING CARRIERS; AND

(II) ~~SHALL~~ INCLUDE THE TELEPHONE NUMBER OF THE OFFICE AND THE PROCESS FOR FILING A COMPLAINT.

(J) (1) FOR A PERIOD OF AT LEAST 90 DAYS FROM THE DATE OF THE NOTICE OF A PRIMARY CARE PROVIDER'S TERMINATION FROM THE CARRIER'S PROVIDER PANEL FOR REASONS UNRELATED TO FRAUD, PATIENT ABUSE, INCOMPETENCY, OR LOSS OF LICENSURE STATUS BY THE PRIMARY CARE PROVIDER, THE PRIMARY CARE PROVIDER SHALL RENDER HEALTH CARE SERVICES TO ANY OF THE CARRIER'S ENROLLEES WHO:

(I) WERE RECEIVING HEALTH CARE SERVICES FROM THE PRIMARY CARE PROVIDER PRIOR TO THE NOTICE OF TERMINATION; AND

(II) REQUEST, AFTER RECEIVING NOTICE OF THE PRIMARY CARE PROVIDER'S TERMINATION UNDER SUBSECTION (B) OF THIS SECTION, TO CONTINUE RECEIVING HEALTH CARE SERVICES FROM THE PRIMARY CARE PROVIDER.