

- (1) Reviewing applications for participation in the carrier's provider panel in accordance with the provisions of this section;
- (2) Notifying an enrollee of:
 - (i) The termination from the carrier's provider panel of the enrollee's primary care provider who was furnishing health care services to the enrollee; and
 - (ii) The right of an enrollee upon request to continue to receive health care services for a period of up to 90 days from the date of a primary care provider's notice of termination from a carrier's provider panel for reasons unrelated to fraud, patient abuse, incompetency, or loss of licensure status by the provider;
- (3) Notifying primary care providers in the carrier's provider panel of the termination of a specialty referral services provider; and
- (4) Notifying a provider at least 90 days prior to the date of the termination of the provider for reasons unrelated to fraud, patient abuse, incompetency, or loss of licensure status by the provider.

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(b) (1) If an employer, association, or other private group arrangement offers dental benefit plan coverage to employees or individuals only through a carrier's provider panel, the carrier with which the employer, association, or other private group arrangement is contracting for the coverage shall offer, or contract with another carrier to offer, a dental point-of-service option to the employer, association, or other private group arrangement as an additional benefit for an employee or individual, at the employee's or individual's option, to accept or reject.

(2) WHEN A CARRIER'S DENTAL PROVIDER PANEL IS THE SOLE DELIVERY SYSTEM OFFERED TO EMPLOYEES BY AN EMPLOYER, THE CARRIER:

(I) SHALL OFFER THE EMPLOYER A DENTAL POINT-OF-SERVICE OPTION FOR THE INDIVIDUAL EMPLOYEE TO ACCEPT OR REJECT;

(II) MAY NOT IMPOSE A MINIMUM PARTICIPATION LEVEL ON THE DENTAL POINT-OF-SERVICE OPTION; AND

(III) AS PART OF THE GROUP ENROLLMENT APPLICATION, SHALL PROVIDE TO EACH EMPLOYER A DISCLOSURE STATEMENT FOR EACH DENTAL POINT-OF-SERVICE OPTION OFFERED THAT CONFORMS TO REGULATIONS, FOR THE POINT-OF-SERVICE OPTION REQUIRED UNDER § 19-710.2 OF THE HEALTH - GENERAL ARTICLE, ADOPTED BY:

1. THE HEALTH CARE ACCESS AND COST COMMISSION FOR THE SMALL GROUP MARKET; AND

2. THE MARYLAND INSURANCE ADMINISTRATION FOR THE NON-SMALL GROUP MARKET.