respectively, which require "written" notice.

Subsection (d)(3)(iii) of this section is revised to clarify that the 150–day time limit established by this subsection applies both to accepting or rejecting a provider for participation on a carrier's provider panel and to sending notice of the acceptance or rejection. This revision reflects legislative intent.

In subsections (e)(3) and (g)(1) of this section, the references to the internal review system "established under subsection (h) of this section" are added for clarity.

In subsection (i)(2) of this section, the reference to reimbursing a primary care provider "that furnishes health care services" under this subsection is added for clarity.

In the introductory language of subsection (j)(1) of this section, the reference to "prospective enrollees" is substituted for the former reference to "new member[s]" for clarity and accuracy.

In the introductory language of subsection (j)(3) of this section, the reference to a policy, certificate, or "other" evidence of coverage is added for clarity.

Defined terms: "Administration" § 1–101
"Commissioner" § 1–101
"Insurer" § 1–101
"Person" § 1–101
"Policy" § 1–101

15–113. COMPENSATION OF HEALTH CARE PRACTITIONERS.

(A) DEFINITIONS.

(1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "CARRIER" MEANS:

(I) AN INSURER;

(II) A NONPROFIT HEALTH SERVICE PLAN;

(III) A HEALTH MAINTENANCE ORGANIZATION;

(IV) A DENTAL PLAN ORGANIZATION; OR

(V) ANY OTHER PERSON THAT PROVIDES HEALTH BENEFIT PLANS SUBJECT TO REGULATION BY THE STATE.

(3) "HEALTH CARE PRACTITIONER" MEANS AN INDIVIDUAL WHO IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE SERVICES.

(B) REIMBURSEMENT AMOUNTS.

A CARRIER MAY NOT REIMBURSE A HEALTH CARE PRACTITIONER IN AN