

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 490EE.

In subsection (a)(2)(v) of this section, the former reference to an "organization" is deleted as included in the defined term "person".

In subsection (c)(1) of this section, the requirement to "pay" a premium is substituted for the former requirement to "be responsible for the payment of" a premium for brevity.

Defined terms: "Insurer" § 1-101

"Person" § 1-101

"Premium" § 1-101

15-115. PROVIDER PARTICIPATION IN MANAGED CARE ORGANIZATIONS.

(A) "CARRIER" DEFINED.

(1) IN THIS SECTION, "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.

(2) "CARRIER" INCLUDES AN ENTITY THAT ARRANGES A PROVIDER PANEL FOR A CARRIER.

(B) IMPAIRMENT OF PROVIDER PARTICIPATION PROHIBITED.

A CARRIER THAT OPERATES A MANAGED CARE ORGANIZATION UNDER TITLE 15, SUBTITLE 1 OF THE HEALTH - GENERAL ARTICLE MAY NOT DENY, LIMIT, OR OTHERWISE IMPAIR THE PARTICIPATION OF A PROVIDER UNDER CONTRACT WITH THE CARRIER FOR CHOOSING NOT TO PARTICIPATE OR LIMITING PARTICIPATION IN THE CARRIER'S MANAGED CARE ORGANIZATION IF THE CARRIER IS IN VIOLATION OF § 15-102.4 OF THE HEALTH - GENERAL ARTICLE.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 490FF.

In subsection (a)(1)(v) of this section, the former reference to an "organization" is deleted as included in the defined term "person".

Defined terms: "Insurer" § 1-101

"Person" § 1-101

15-116. COMMUNICATION OF INFORMATION BY HEALTH CARE PROVIDERS.

(A) DEFINITIONS.