

Article - Insurance

15-112.

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

(2) (i) "Carrier" means:

1. an insurer;
2. a nonprofit health service plan;
3. a health maintenance organization;
4. a dental plan organization; or
5. any other person that provides health benefit plans subject to regulation by the State.

(ii) "Carrier" includes an entity that arranges a provider panel for a carrier.

(3) "Enrollee" means a person entitled to health care benefits from a carrier.

(4) "Provider" means a health care practitioner or group of health care practitioners licensed, certified, or otherwise authorized by law to provide health care services.

(5) (i) "Provider panel" means the providers that contract either directly or through a subcontracting entity with a carrier to provide health care services to the carrier's enrollees under the carrier's health benefit plan.

(ii) "Provider panel" does not include an arrangement in which any provider may participate solely by contracting with the carrier to provide health care services at a discounted fee-for-service rate.

(j) (1) A carrier shall ~~provide to an enrollee at the time of initial enrollment~~ MAKE AVAILABLE TO PROSPECTIVE ENROLLEES ON THE INTERNET AND, ON REQUEST OF A PROSPECTIVE ENROLLEE, IN PRINTED FORM:

(i) a [printed] list of providers on the carrier's provider panel; and

(ii) [printed] information on providers that are no longer accepting new patients.

(2) A carrier shall [make available to prospective enrollees and] notify each ~~PROSPECTIVE ENROLLEE AND EACH existing~~ enrollee at the time of INITIAL ENROLLMENT AND renewal ~~[about]~~ how to obtain the following information on the Internet ~~[and]~~ ~~OR~~ in printed form:

(i) a list of providers on the carrier's provider panel; and

(ii) information on providers that are no longer accepting new patients.