

(b) The standards of quality of care shall include:

(1) (i) A requirement that a health maintenance organization shall provide for regular hours during which a member may receive services, including providing for services to a member in a timely manner that takes into account the immediacy of need for services; and

(ii) Provisions for assuring that all covered services, including any services for which the health maintenance organization has contracted, are accessible to the enrollee with reasonable safeguards with respect to geographic locations;

(2) A requirement that a health maintenance organization shall have a system for providing a member with 24-hour access to a physician in cases where there is an immediate need for medical services, and for promoting timely access to and continuity of health care services for members, including:

(i) Providing 24-hour access by telephone to a person who is able to appropriately respond to calls from members and providers concerning after-hours care; and

(ii) Providing a 24-hour toll free telephone access system for use in hospital emergency departments in accordance with § 19-705.7 of this subtitle;

(3) A requirement that any nonparticipating provider shall submit to the health maintenance organization the appropriate documentation of the medical complaint of the member and the services rendered;

(4) A requirement that a health maintenance organization shall have a physician available at all times to provide diagnostic and treatment services;

(5) A requirement that a health maintenance organization shall assure that:

(i) Each member who is seen for a medical complaint is evaluated under the direction of a physician; and

(ii) Each member who receives diagnostic evaluation or treatment is under the [direct] medical management of a health maintenance organization physician who provides continuing medical management;

(6) A requirement that each member shall have an opportunity to select a primary physician OR A CERTIFIED NURSE PRACTITIONER from among those available to the health maintenance organization; and

(7) A requirement that a health maintenance organization print, in any directory of participating providers or hospitals, in a conspicuous manner, the address, telephone number, and facsimile number of the State agency that members, enrollees, and insureds may call to discuss quality of care issues, life and health insurance complaints, and assistance in resolving billing and payment disputes with the health plan or health care provider, as follows:

(i) For quality of care issues and life and health care insurance complaints, the Maryland Insurance Administration; and