

the carrier's provider panel, if the termination was for reasons unrelated to fraud, patient abuse, incompetency, or loss of licensure status;

3. notify primary care providers on the carrier's provider panel of the termination of a specialty referral services provider;

4. verify with each provider on the carrier's provider panel, at the time of credentialing and recredentialing, whether the provider is accepting new patients and update the information on participating providers that the carrier is required to provide under subsection (j) of this section; and

5. notify a provider at least 90 days before the date of the termination of the provider from the carrier's provider panel, if the termination is for reasons unrelated to fraud, patient abuse, incompetency, or loss of licensure status.

15-1104.

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

(2) "EMPLOYER SPONSORED HEALTH BENEFIT PLAN" MEANS ANY PLAN, FUND, OR PROGRAM THAT:

(I) IS ESTABLISHED OR MAINTAINED BY AN EMPLOYER UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974;

(II) OFFERS COVERAGE FOR HEALTH BENEFITS; AND

(III) IS TREATED BY THE EMPLOYER OR ANY ELIGIBLE EMPLOYEE OR DEPENDENT AS PART OF A PLAN, FUND, OR PROGRAM UNDER THE UNITED STATES INTERNAL REVENUE CODE, 26 U.S.C. § 106, § 125, OR § 162.

(3) "GROUP HEALTH INSURANCE" HAS THE MEANING STATED IN § 15-302 OF THIS TITLE.

(4) "LIMITED BENEFIT GROUP HEALTH INSURANCE CONTRACT" MEANS A GROUP HEALTH INSURANCE CONTRACT THAT PROVIDES HEALTH INSURANCE BENEFITS, BUT IS NOT REQUIRED TO PROVIDE ALL THE BENEFITS REQUIRED UNDER SUBTITLES 7 AND 8 OF THIS TITLE.

(5) "SPECIAL ELIGIBLE EMPLOYEE" MEANS AN EMPLOYEE WHO: