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

(2) "BEHAVIORAL HEALTH CARE SERVICES" MEANS PROCEDURES OR SERVICES RENDERED BY A HEALTH CARE PROVIDER FOR THE TREATMENT OF MENTAL ILLNESS, EMOTIONAL DISORDERS, DRUG ABUSE, OR ALCOHOL ABUSE.

(3) "CARRIER" MEANS:

(I) A HEALTH INSURER;

(II) A NONPROFIT HEALTH SERVICE PLAN;

(III) A HEALTH MAINTENANCE ORGANIZATION;

(IV) A PREFERRED PROVIDER ORGANIZATION;

(V) A THIRD PARTY ADMINISTRATOR; OR

(VI) EXCEPT FOR A MANAGED CARE ORGANIZATION AS DEFINED IN TITLE 15, SUBTITLE 1 OF THE HEALTH - GENERAL ARTICLE, ANY OTHER PERSON THAT PROVIDES HEALTH BENEFIT PLANS SUBJECT TO REGULATION BY THE STATE.

(4) "DIRECT CARE EXPENSES" MEANS THE PAYMENT TO A HEALTH CARE PROVIDER BY A MANAGED BEHAVIORAL HEALTH CARE ORGANIZATION FOR THE PROVISION OF BEHAVIORAL HEALTH CARE SERVICES TO A MEMBER.

(5) "DIRECT PAYMENTS" MEANS THE MONEY THAT A CARRIER DISBURSES TO A MANAGED BEHAVIORAL HEALTH CARE ORGANIZATION FOR THE PROVISION OF BEHAVIORAL HEALTH CARE SERVICES TO A MEMBER.

(6) "MANAGED BEHAVIORAL HEALTH CARE ORGANIZATION" MEANS A COMPANY, ORGANIZATION, OR SUBSIDIARY THAT:

(I) CONTRACTS WITH A CARRIER TO PROVIDE, UNDERTAKE TO ARRANGE, OR ADMINISTER BEHAVIORAL HEALTH CARE SERVICES TO MEMBERS; OR

(II) OTHERWISE MAKES BEHAVIORAL HEALTH CARE SERVICES AVAILABLE TO MEMBERS THROUGH CONTRACTS WITH HEALTH CARE PROVIDERS.

(7) (I) "MEMBER" MEANS AN INDIVIDUAL ENTITLED TO BEHAVIORAL HEALTH CARE SERVICES FROM A CARRIER OR A MANAGED BEHAVIORAL HEALTH CARE ORGANIZATION UNDER A POLICY, ~~PLAN, OR CERTIFICATE~~ OR PLAN ISSUED OR DELIVERED IN THE STATE.

(II) "MEMBER" INCLUDES A SUBSCRIBER.

(8) "MENTAL HEALTH EXPENSE RATIO" MEANS THE RATIO OF THE TOTAL INCURRED DIRECT CARE EXPENSES FOR BEHAVIORAL HEALTH CARE SERVICES IN RELATION TO THE TOTAL DIRECT PAYMENTS FOR BEHAVIORAL HEALTH CARE SERVICES.