

3. The total reimbursement for each code over a 12-month period; and

4. The annual rate of change in reimbursement for health services by health care specialties and by code.

(ii) In addition to the information required under subparagraph (i) of this paragraph, the Commission may publish any other information that the Commission deems appropriate, including information on capitated health care services.

(h) In developing the medical care data base, the Commission shall consult with representatives of the Health Services Cost Review Commission, health care practitioners, payors, and hospitals to ensure that the medical care data base is compatible [with, may be merged with, and does not duplicate] **WITH** information collected by the Health Services Cost Review Commission.

(i) The Commission, in consultation with the Insurance Commissioner, payors, health care practitioners, and hospitals, may adopt by regulation standards for the electronic submission of data and submission and transfer of the uniform claims forms established under § 15-1003 of the Insurance Article.

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(a) The Commission, in consultation with the Department of Health and Mental Hygiene, shall study the feasibility of developing a system for reducing the incidences of preventable adverse medical events in the State including but not limited to a system of reporting such incidences.

(b) In conducting the study the Commission shall review:

(1) Federal reports and recommendations for identification of medical errors including the most recent report of the Institute of Medicine of the National Academy of Sciences;

(2) Recommendations of national accrediting and quality assurance organizations including the Joint Commission on the Accreditation of Health Care Organizations;

(3) Recommendations of the National Quality Forum;

(4) Programs in other states designed to reduce adverse medical events; and

(5) Best practices of hospitals and other health care facilities.]