AND PREVENTIVE SERVICES, OUT-OF-AREA COVERAGE, AND OTHER HEALTH CARE SERVICES WHICH ARE DETERMINED BY THE COMMISSIONER TO BE GENERALLY AVAILABLE ON AN INSURED OR PREPAID BASIS IN THE LOCALITY SERVICED BY THE ORGANIZATION, AND MAY, AT THE ORGANIZATION'S OPTION, PROVIDE ADDITIONAL COVERAGE;

(2) IS COMPENSATED (EXCEPT FOR ANY CO-PAYMENT OR DEDUCTIBLE ARRANGEMENTS) FOR THE PROVISION OF THE MINIMUM SERVICES SPECIFIED IN PARAGRAPH (1) OF THIS SUBSECTION TO MEMBERS SOLELY ON A PREDETERMINED PERIODIC RATE BASIS;

(3) PROVIDES PHYSICIANS' SERVICES PRIMARILY:

(I) DIRECTLY THROUGH PHYSICIANS WHO ARE EITHER EMPLOYEES OR PARTNERS OF SUCH ORGANIZATIONS, OR

(II) UNDER ARRANGEMENTS WITH ONE OR MORE GROUPS OF PHYSICIANS (ORGANIZED ON A GROUP PRACTICE OR INDIVIDUAL PRACTICE BASIS) UNDER WHICH EACH GROUP:

(A) IS COMPENSATED FOR ITS SERVICES PRIMARILY ON THE BASIS OF AN AGGREGATE FIXED SUM OR ON A PER CAPITA BASIS; AND

(B) IS PROVIDED WITH AN EFFECTIVE INCENTIVE TO AVOID UNNECESSARY INPATIENT UTILIZATION, REGARDLESS OF WHETHER THE INDIVIDUAL PHYSICIAN MEMBERS OF THE GROUP ARE PAID ON A FEE-FOR-SERVICE OR OTHER BASIS; AND

(4) ASSURES TO ITS SUBSCRIBERS AND MEMBERS, THE COMMISSIONER, AND THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE THAT ONE CLEARLY SPECIFIED LEGAL AND ADMINISTRATIVE FOCAL POINT OR ELEMENT OF THE ORGANIZATION IS CHARGED WITH THE RESPONSIBILITY OF PROVIDING THE AVAILABILITY, ACCESSIBILITY AND QUALITY (INCLUDING EFFECTIVE UTILIZATION) OF COMPREHENSIVE HEALTH CARE SERVICES.

(B) "COMMISSIONER" MEANS THE STATE INSURANCE COMMISSIONER OF MARYLAND.

(C) "HEALTH CARE SERVICES" AS USED HEREIN MEANS SERVICES, MEDICAL EQUIPMENT, AND SUPPLIES FURNISHED BY A PROVIDER WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO:

(1) MEDICAL CARE AND SERVICES;

(2) SURGICAL CARE AND SERVICES;