

(2) Subject to § 10-212 of the State Government Article, any party aggrieved by a decision in a contested case for which an appeal is provided to the Board may appeal directly to the Board.

(f) (1) The Board shall adopt procedural rules and regulations as provided in the Administrative Procedure Act and in all respects shall be governed by that Act. At least 3 members shall sit at each hearing of the Board when it sits as a board of appeal. Decisions shall be by a majority of the members sitting, shall be in writing, and shall state the Board's reasons. The Board shall keep minutes of its proceedings.

(2) A decision of the Board is a final agency decision for purposes of judicial review under the Administrative Procedure Act or any other law that permits an appeal to the courts from a decision of a unit in the Department.

(g) (1) As to any issue for which the taking of evidence is authorized, the chairman or the acting chairman may administer oaths and issue subpoenas and orders for the attendance of witnesses and the production of evidence.

(2) If a person fails to comply with a lawful order or subpoena issued under this subsection, on the petition of the chairman or acting chairman, a court of competent jurisdiction may compel obedience to the order or subpoena or compel testimony or the production of evidence.

(h) Unless there is a special provision of law governing an appeal of a decision of a particular unit, each appeal from a decision of the Board shall be governed by the Administrative Procedure Act.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) Prior to making any adjustments to capitation payments for a managed care organization, the Secretary of Health and Mental Hygiene, in consultation with the Maryland Insurance Commissioner, shall adopt regulations to implement the provisions of § 15-605(c)(5) of the Insurance Article.

(b) The regulations adopted under subsection (a) of this section shall:

(1) establish the definition of "loss ratio" for uniform application by all managed care organizations;

(2) establish procedures requiring the Secretary of Health and Mental Hygiene to consider the financial performance of a managed care organization in prior periods;

(3) establish standard data collection and reporting requirements for all managed care organizations;

(4) consistent with the provisions of § 15-605(c)(5) of the Insurance Article, establish a process for allowing a managed care organization to appeal a decision of the Secretary of Health and Mental Hygiene to adjust a managed care organization's capitation payments; and

(5) establish a mechanism for, and conditions under which, an adjustment to the capitation rates of a managed care organization are made.