

2. OTHER THAN any applicable deductible and coinsurance for a diagnostic test for which payment is made pursuant to paragraph (1)(i) of this section; AND

3. MORE THAN THE FEE AS PROVIDED UNDER PARAGRAPH (1)(II)2 OF THIS SUBSECTION; or

(ii) Any amount for a diagnostic test for which payment may not be made pursuant to paragraph (2) of this subsection.

(4) ON OR BEFORE JANUARY 1, 1995, THE COMMISSION SHALL ADOPT REGULATIONS TO ENFORCE THE PROVISIONS OF THIS SUBSECTION.

19-1508.

(c) (1) The Commission shall:

(i) On or before January 1, 1994, establish and implement a system to comparatively evaluate the quality of care outcomes and performance measurements of health maintenance organization benefit plans and services on an objective basis; and

(ii) Annually publish the summary findings of the evaluation.

(2) The purpose of a comparable performance measurement system established under this section is to assist health maintenance organization benefit plans to improve the quality of care provided by establishing a common set of performance measurements and disseminating the findings of the performance measurements to health maintenance organizations and interested parties.

(3) The system, where appropriate, shall solicit performance information from enrollees of health maintenance organizations.

(4) (i) The Commission shall adopt regulations to establish the system of evaluation provided under this section.

(ii) Before adopting regulations to implement an evaluation system under this section, the Commission shall consider any recommendations of the quality of care subcommittee of the Group Health Association of America and the National Committee for Quality Assurance.

(5) The Commission may contract with a private, nonprofit entity to implement the system required under this [section] SUBSECTION provided that the entity is not an insurer.

19-1509.

(a) (1) In this section the following words have the meanings indicated.

(2) "[C.P.T.] Code" means the APPLICABLE current procedural terminology (CPT) CODE as adopted by the American Medical Association OR OTHER APPLICABLE CODE UNDER AN APPROPRIATE UNIFORM CODING SCHEME APPROVED BY THE COMMISSION.

(3) "Payor" means: