

1. Is compensated for its services primarily on the basis of an aggregate fixed sum or on a per capita basis; and

2. Is provided with an effective incentive to avoid unnecessary inpatient use, whether the individual physician members of the group are paid on a fee-for-service or other basis.

(g) "Member" means a person who makes a contract or on whose behalf a contract is made with a health maintenance organization for health care services.

(i) "Subscriber" means a person who makes a contract with a health maintenance organization, either directly or through an insurer or marketing organization, under which the person or other designated persons are entitled to the health care services.

19-703.

(a) This subtitle does not:

(1) Authorize any person to engage directly or indirectly in the practice of any health occupation except as otherwise authorized by law;

(2) Authorize any person to regulate, interfere, or intervene in the relationship between any provider of health care services and the patients of the provider; or

(3) Prohibit any health maintenance organization from meeting the requirements of any federal law that authorizes the health maintenance organization to:

(i) Receive federal financial assistance; or

(ii) Enroll beneficiaries assisted by federal funds.

(b) A health maintenance organization or a part of it that is also a community health center organized under the federal Public Health Service Act and receives federal funds under 42 U.S.C. § 254c is not required to provide hospitalization for individuals for whom services are provided by those funds.

(c) Health maintenance organizations shall offer as an option to all of its members or subscribers benefits for hospice services provided by a hospice care program, as defined in § 19-901(c) of this title.

(d) Health maintenance organizations shall provide continuation coverage required under Article 48A, §§ 490G, 490H, and 490-I of the Code.

(e) (1) Notwithstanding any other provision of this subtitle, a health maintenance organization may offer a benefit package that provides at a minimum benefits required by Article 48A, § 490-O of the Code for a limited benefits policy.

(2) A benefit package offered under paragraph (1) of this subsection shall:

(i) Be subject to the approval of the Insurance Commissioner; and

(ii) Satisfy the requirements of Article 48A, § 490-O of the Code.