CONDUCT OF ANY OTHER PERSON OTHER THAN THE HEALTH CARE PROVIDER OR THE HEALTH CARE PROVIDER'S AGENTS OR EMPLOYEES A COVERAGE DECISION OR NEGLIGENT ACT OF THE INSURER.

490DD.

- (a) (1) In this section the following words have the meanings indicated.
 - (2) "Carrier" means:
 - (i) An insurer;
 - (ii) A nonprofit health service plan;
 - (iii) A health maintenance organization;
 - (iv) A dental plan organization; or
- (v) Any other person or organization that provides health benefit plans subject to State regulation.
- (3) "Health care practitioner" means any individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.
- (b) A carrier [that reimburses a health care practitioner on an aggregate fixed sum basis or on a per capita basis] may not reimburse [the] A health care practitioner in an amount less than the sum or rate negotiated in the carrier's provider contract with the health care practitioner.
- (C) THIS SECTION APPLIES TO ANY METHOD OF REIMBURSEMENT USED BY A CARRIER—TO REIMBURSE A HEALTH—CARE—PRACTITIONER, INCLUDING REIMBURSEMENT MADE ON A CAPITATED OR NONCAPITATED BASIS.
- $\{f(c)\}$ This section does not prohibit a carrier from providing bonuses or other incentive-based compensation to a health care practitioner if the bonus or other incentive-based compensation does not:
 - (1) Violate the provisions of § 19-705.1 of the Health General Article; or
 - (2) Deter the delivery of medically appropriate care to an enrollee.

490FF.

- (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.
 - (2) "CARRIER" MEANS:
 - (I) AN INSURER;
 - (II) A NONPROFIT HEALTH SERVICE PLAN;
 - (III) A HEALTH MAINTENANCE ORGANIZATION;
 - (IV) A DENTAL PLAN ORGANIZATION; OR