(7) ANY REBATE RECEIVED BY A MANAGED CARE ORGANIZATION MAY NOT BE CONSIDERED PART OF THE LOSS RATIO OF THE MANAGED CARE ORGANIZATION.

(D) PUBLICATION OF LOSS RATIO BENCHMARK.

EACH INSURER, NONPROFIT HEALTH SERVICE PLAN, AND HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE ANNUALLY TO EACH CONTRACT HOLDER A WRITTEN STATEMENT OF THE LOSS RATIO FOR A HEALTH BENEFIT PLAN AS SUBMITTED TO THE COMMISSIONER UNDER THIS SECTION.

(E) TRANSMITTAL OF INFORMATION TO HEALTH CARE ACCESS AND COST COMMISSION.

(1) ON OR BEFORE MAY 1 OF EACH YEAR, THE COMMISSIONER SHALL TRANSMIT TO THE HEALTH CARE ACCESS AND COST COMMISSION ANY INFORMATION IT NEEDS TO EVALUATE THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN AS REQUIRED UNDER § 15-1207 OF THIS TITLE.

(2) THE INFORMATION PROVIDED BY THE COMMISSIONER SHALL BE SPECIFIED IN REGULATIONS ADOPTED BY THE COMMISSIONER IN CONSULTATION WITH THE HEALTH CARE ACCESS AND COST COMMISSION.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 490S(b) through (e).

In subsection (a)(1)(i) of this section, the defined term "authorized insurer" is substituted for the former reference to an "insurer that holds a certificate of authority in the State" for brevity and consistency with the terminology used throughout this article.

In subsection (a)(1)(ii) and (iii) of this section, the references to each nonprofit health service plan and each health maintenance organization that is "authorized by the Commissioner" to operate in the State are substituted for the former references to each nonprofit health service plan and each health maintenance organization that is "licensed" to operate in the State for accuracy.

In subsection (a)(4) of this section, the reference to an "annual report submitted" under this subsection is substituted for the former reference to the "filing required" under this subsection for consistency with terminology used in subsection (a)(1) and (2) of this section.

In subsection (c)(2)(ii)2 of this section, the former description of the insurance product as "short-term" is deleted as unnecessary in light of the more specific limitation on the policy term to "no more than 6 months".

In subsection (c)(4)(ii) of this section, the references to "health insurance" premiums are added for clarity and consistency with subsection (c)(4)(i) of this section.