

THIS SECTION DOES NOT PROHIBIT EXCEEDING THE MINIMUM BENEFITS REQUIRED UNDER SUBSECTION (D)(2) OF THIS SECTION FOR ANY PARTIAL HOSPITALIZATION DAY THAT IS MEDICALLY NECESSARY AND WOULD SERVE TO PREVENT INPATIENT HOSPITALIZATION.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 490V(a), (c), (e), (f), and (b)(1) and (2)(i)2, (ii), and (iii).

In subsection (a)(4) of this section, the reference to a "system" of cost containment methods is added for clarity.

Also in subsection (a)(4) of this section, the reference to a health care "provider" is substituted for the former reference to a health care "practitioner" for consistency with subsection (f) of this section. Similarly, in the introductory language of subsection (e)(1) of this section, the reference to "health care providers" is substituted for the former reference to "practitioners".

Also in subsection (a)(4) of this section, the reference to a covered "individual" is substituted for the former reference to a covered "person" since a treatment plan is developed only for an individual.

Also in subsection (a)(4) of this section, the former reference to a "variety of" cost containment methods is deleted as surplusage.

In subsection (c) of this section, the reference to the "diagnosis" of physical illnesses is added for consistency within the subsection with the reference to the diagnosis of mental illnesses.

Also in subsection (c) of this section, the reference to an "individual" with a mental illness, emotional disorder, drug abuse disorder, or alcohol abuse disorder is substituted for the former reference to a "person" since only an individual can have one of the listed illnesses or disorders.

Also in subsection (c) of this section, the former introductory phrase "[s]ubject to the provisions of this section" is deleted as surplusage.

Subsection (d)(1) of this section is revised to reflect the Insurance Article Review Committee's understanding of the legislative intent of this provision.

In subsection (d)(1) of this section, the reference to inpatient benefits "for services" provided in a licensed or certified facility is added for clarity.

Also in subsection (d)(1) of this section, the former phrase "[o]n or after July 1, 1995" is deleted as obsolete.

In subsection (e)(4) of this section, the references to a "policy" are substituted for the former references to a "certificate" for consistency within this section.

In subsection (f)(1) of this section, the reference to visits required under subsection "(d)(3)" of this section is substituted for the former erroneous reference to visits required under subsection "(b)(2)(ii)" of this section.