

~~(H) EACH YEAR, A CARRIER SHALL:~~

~~(1) UPDATE THE DISCLOSURES REQUIRED UNDER SUBSECTION (C) OF THIS SECTION; AND~~

~~(2) FILE THE DISCLOSURES WITH THE COMMISSIONER;~~

~~(1) THE COMMISSIONER:~~

~~(1) SHALL ESTABLISH A PROCESS FOR:~~

~~(1) THE ANNUAL FILING OF THE DISCLOSURES REQUIRED UNDER SUBSECTION (C) OF THIS SECTION; AND~~

~~(2) MAKING THE DISCLOSURES AVAILABLE FOR INSPECTION AND REVIEW BY THE GENERAL PUBLIC; AND~~

~~(2) MAY ADOPT REGULATIONS TO CARRY OUT THIS SECTION.~~

~~(1) THE COMMISSIONER MAY ISSUE AN ORDER UNDER § 4-113(D) OF THIS ARTICLE IF THE COMMISSIONER FINDS A VIOLATION OF THIS SECTION.~~

(B) THIS SECTION APPLIES TO A CARRIER THAT PROVIDES HEALTH CARE SERVICES TO ENROLLEES, OR OTHERWISE MAKES HEALTH CARE SERVICES AVAILABLE TO ENROLLEES, THROUGH CONTRACTS WITH PROVIDERS.

(C) (1) EACH CARRIER SHALL IDENTIFY AND DISCLOSE IN LAYMAN'S TERMS IN ITS ~~MARKETING ENROLLMENT SALES~~ MATERIALS THE REIMBURSEMENT METHODOLOGY OR METHODOLOGIES THE CARRIER USES TO REIMBURSE PHYSICIANS FOR HEALTH CARE SERVICES RENDERED TO ENROLLEES, INCLUDING CAPITATION, CASE RATES, DISCOUNTED FEE-FOR-SERVICE, AND FEE-FOR-SERVICE REIMBURSEMENT METHODOLOGIES.

(2) THE HEALTH CARE ACCESS AND COST COMMISSION SHALL DEVELOP A UNIFORM DEFINITION IN LAYMAN'S TERMS OF EACH REIMBURSEMENT METHODOLOGY REQUIRED TO BE DISCLOSED AND IDENTIFIED BY CARRIERS UNDER PARAGRAPH (1) OF THIS SUBSECTION, INCLUDING A REPRESENTATIVE EXAMPLE OF A TYPICAL CAPITATION ARRANGEMENT BETWEEN A CARRIER AND A PHYSICIAN.

(D) (1) IN ADDITION TO THE REQUIREMENTS OF SUBSECTION (C)(1) OF THIS SECTION, EACH CARRIER SHALL DISCLOSE IN ITS ~~MARKETING ENROLLMENT SALES~~ MATERIALS THE DISTRIBUTION OF EACH \$100 IT RECEIVES IN PREMIUM DOLLARS FROM ENROLLEES FOR THE PRECEDING CALENDAR YEAR, FOR WHICH DATA ARE AVAILABLE.

(2) THE DISCLOSURE REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE IN THE FORM OF A PIE CHART OR BAR GRAPH WITH DESCRIPTIVE TERMS AND IN LAYMAN'S TERMS THAT IDENTIFIES CONSISTENT WITH THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS' HEALTH MAINTENANCE ORGANIZATION ANNUAL STATEMENT ("ORANGE FORM");