

Article - Insurance

15-604.

(A) ~~Each authorized insurer, nonprofit health service plan, and fraternal benefit society, and each managed care organization that is authorized to receive Medicaid prepaid capitation payments under Title 15, Subtitle 1 of the Health - General Article, shall pay hospitals for hospital services rendered on the basis of the rate approved by the Health Services Cost Review Commission.~~

15-606.(A) IN THIS SECTION, "CARRIER" MEANS:(1) AN INSURER;(2) A NONPROFIT HEALTH SERVICE PLAN;(3) A HEALTH MAINTENANCE ORGANIZATION;(4) A DENTAL PLAN ORGANIZATION; OR(5) ANY OTHER PERSON THAT PROVIDES HEALTH BENEFIT PLANS SUBJECT TO REGULATION BY THE STATE.

(B) (1) THE HEALTH CARE ACCESS AND COST COMMISSION SHALL ADOPT REGULATIONS THAT SPECIFY A PLAN FOR SUBSTANTIAL, AVAILABLE, AND AFFORDABLE COVERAGE THAT SHALL BE OFFERED IN THE NONGROUP MARKET BY ~~A CARRIER AN ENTITY~~ A CARRIER THAT QUALIFIES FOR AN APPROVED PURCHASER DIFFERENTIAL UNDER REGULATIONS ADOPTED BY THE HEALTH SERVICES COST REVIEW COMMISSION.

(2) IN ESTABLISHING A PLAN UNDER THIS SUBSECTION, THE HEALTH CARE ACCESS AND COST COMMISSION SHALL JUDGE PREVENTIVE SERVICES, MEDICAL TREATMENTS, PROCEDURES, AND RELATED HEALTH SERVICES BASED ON:

(I) THEIR EFFECTIVENESS IN IMPROVING THE HEALTH OF INDIVIDUALS;

(II) THEIR IMPACT ON MAINTAINING AND IMPROVING HEALTH AND ENCOURAGING CONSUMERS TO USE ONLY THE HEALTH CARE SERVICES THEY NEED; AND

(III) THEIR IMPACT ON THE AFFORDABILITY OF HEALTH CARE COVERAGE.

(3) THE HEALTH CARE ACCESS AND COST COMMISSION MAY EXCLUDE FROM THE PLAN:

(I) A HEALTH CARE SERVICE, BENEFIT, COVERAGE, OR REIMBURSEMENT FOR COVERED HEALTH CARE SERVICES THAT IS REQUIRED UNDER THIS ARTICLE OR THE HEALTH - GENERAL ARTICLE TO BE PROVIDED OR OFFERED IN A HEALTH BENEFIT PLAN THAT IS ISSUED OR DELIVERED IN THE STATE ~~BY A CARRIER~~ BY A CARRIER, OR