

EACH PAYOR SHALL COOPERATE FULLY IN SUBMITTING REPORTS AND CLAIMS DATA AND PROVIDING ANY OTHER INFORMATION TO THE MARYLAND HEALTH CARE ACCESS AND COST COMMISSION IN ACCORDANCE WITH TITLE 19, SUBTITLE 15 OF THE HEALTH - GENERAL ARTICLE.

(G) REPORT OF COMMISSIONER.

THE COMMISSIONER SHALL REPORT TO THE MARYLAND HEALTH CARE ACCESS AND COST COMMISSION IN A TIMELY MANNER THE NAME AND ADDRESS OF EACH PAYOR THAT IS ASSESSED A FEE UNDER THIS SECTION AND THE AMOUNT OF THE ASSESSMENT.

(H) COMPLIANCE WITH PAYMENT SYSTEM.

EACH PAYOR SHALL PAY FOR HEALTH CARE SERVICES IN ACCORDANCE WITH THE PAYMENT SYSTEM ADOPTED UNDER § 19-1509 OF THE HEALTH - GENERAL ARTICLE.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 490R.

In subsection (a)(3)(ii) of this section, the reference to a health maintenance organization that is "authorized by the Commissioner" to operate in the State is substituted for the former reference to a health maintenance organization that is "licensed" to operate in the State for accuracy and conformity with other provisions in this title. See, e.g., § 15-605(a)(1)(iii) of this title.

In subsection (c)(3)(ii) of this section, the reference to "all" payors is added for clarity.

In subsection (g) of this section, the reference to each payor that is assessed "a fee under this section" is added for clarity.

Defined terms: "Certificate of authority" § 1-101

"Commissioner" § 1-101

"Health insurance" § 1-101

"Person" § 1-101

"Policy" § 1-101

"Premium" § 1-101

15-112. PROVIDER PANELS.

(A) DEFINITIONS.

(1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) (I) "CARRIER" MEANS:

1. AN INSURER;
2. A NONPROFIT HEALTH SERVICE PLAN;
3. A HEALTH MAINTENANCE ORGANIZATION;