

standard format as required by the Commission whether by means of a claims clearinghouse or other method approved by the Commission.

(b) The Commission may collect the medical care claims information submitted to any licensed claims clearinghouse for use in the data base established under [§ 19-1507] § 19-134 of this subtitle.

(c) (1) The Commission shall:

(i) On or before January 1, 1994, establish and implement a system to comparatively evaluate the quality of care outcomes and performance measurements of health maintenance organization benefit plans and services on an objective basis; and

(ii) Annually publish the summary findings of the evaluation.

(2) The purpose of a comparable performance measurement system established under this section is to assist health maintenance organization benefit plans to improve the quality of care provided by establishing a common set of performance measurements and disseminating the findings of the performance measurements to health maintenance organizations and interested parties.

(3) The system, where appropriate, shall solicit performance information from enrollees of health maintenance organizations.

(4) (i) The Commission shall adopt regulations to establish the system of evaluation provided under this section.

(ii) Before adopting regulations to implement an evaluation system under this section, the Commission shall consider any recommendations of the quality of care subcommittee of the Group Health Association of America and the National Committee for Quality Assurance.

(5) The Commission may contract with a private, nonprofit entity to implement the system required under this subsection provided that the entity is not an insurer.

[19-1509.] 19-136.

(a) (1) In this section the following words have the meanings indicated.

(2) "Code" means the applicable Current Procedural Terminology (CPT) code as adopted by the American Medical Association or other applicable code under an appropriate uniform coding scheme approved by the Commission.

(3) "Payor" means:

(i) A health insurer or nonprofit health service plan that holds a certificate of authority and provides health insurance policies or contracts in the State in accordance with the Insurance Article or the Health - General Article; or

(ii) A health maintenance organization that holds a certificate of authority.