- (4) Establish and develop a medical care data base on health care services rendered by health care practitioners;
- (5) Encourage the development of clinical resource management systems to permit the comparison of costs between various treatment settings and the availability of information to consumers, providers, and purchasers of health care services;
- (6) In accordance with Title 15, Subtitle 12 of the Insurance Article, develop:
- (i) A uniform set of effective benefits to be included in the Comprehensive Standard Health Benefit Plan; and
 - (ii) A modified health benefit plan for medical savings accounts;
- (7) Analyze the medical care data base and provide, in aggregate form, an annual report on the variations in costs associated with health care practitioners;
- (8) Ensure utilization of the medical care data base as a primary means to compile data and information and annually report on trends and variances regarding fees for service, cost of care, regional and national comparisons, and indications of malpractice situations;
 - (9) [Develop a payment system for health care services;
- (10)] Establish standards for the operation and licensing of medical care electronic claims clearinghouses in Maryland;
- [(11)] (10) Reduce the costs of claims submission and the administration of claims for health care practitioners and payors;
- [(12)] (11) Develop a uniform set of effective benefits to be offered as substantial, available, and affordable coverage in the nongroup market in accordance with § 15-606 of the Insurance Article; [and]
- [(13)](12) Determine the cost of mandated health insurance services in the State in accordance with Title 15, Subtitle 15 of the Insurance Article; AND
- (13) PROMOTE THE AVAILABILITY OF INFORMATION TO CONSUMERS ON CHARGES BY PRACTITIONERS AND REIMBURSEMENTS FROM PAYORS.
- (d) The Commission shall coordinate the exercise of its functions with the Department and the Health Services Cost Review Commission to ensure an integrated, effective health care policy for the State.

 19-134.
- (A) IN THIS SECTION, "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. IN THIS SECTION, "CODE" MEANS: