

(v) a third party administrator; or

(vi) except for a managed care organization as defined in Title 15, Subtitle 1 of the Health – General Article, any other person that provides health benefit plans subject to regulation by the State.

[(4)](5) “Direct BEHAVIORAL HEALTH care expenses” means [the] ANY payment to a health care provider by a managed behavioral health care organization for the provision of behavioral health care services to a member.

[(5)](6) “Direct payments” means the money that a carrier disburses to a managed behavioral health care organization for the provision of behavioral health care services to a member.

[(6)](7) “Managed behavioral health care organization” means a company, organization, PRIVATE REVIEW AGENT, or subsidiary that:

(i) contracts with a carrier to provide, undertake to arrange, or administer behavioral health care services to members; or

(ii) otherwise makes behavioral health care services available to members through contracts with health care providers.

[(7)](8) (i) “Member” means an individual entitled to behavioral health care services from a carrier or a managed behavioral health care organization under a policy or plan issued or delivered in the State.

(ii) “Member” includes a subscriber.

[(8) “Mental health expense ratio” means the ratio of the total incurred direct care expenses for behavioral health care services in relation to the total direct payments for behavioral health care services.]

(9) “Provider” means a person licensed, certified, or otherwise authorized under the Health Occupations Article or the Health – General Article to provide health care services.

(b) THIS SECTION DOES NOT APPLY TO A PERSON THAT:

(1) FOR AN ADMINISTRATIVE FEE ONLY, SOLELY ARRANGES A PROVIDER PANEL FOR A CARRIER FOR THE PROVISION OF BEHAVIORAL HEALTH CARE SERVICES ON A DISCOUNTED FEE-FOR-SERVICE BASIS, AND

(2) ~~DOES NOT ASSUME ANY RISK FOR PROVIDING BEHAVIORAL HEALTH CARE SERVICES TO MEMBERS.~~

(C) (1) A carrier that owns or contracts with a managed behavioral health care organization shall distribute to its members at the time of enrollment an explanation of:

[(1)](I) the specific behavioral health care services covered and the specific exclusions under the member’s contract;