

## Article - Health - General

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§19–1A–01. IN EFFECT

// EFFECTIVE UNTIL DECEMBER 31, 2015 PER CHAPTERS 5 AND 6 OF 2010  
//

- (a) In this subtitle the following words have the meanings indicated.
- (b) “Carrier” has the meaning stated in § 15–1801 of the Insurance Article.
- (c) “Federally qualified health center” has the meaning stated in 42 U.S.C. § 254b.
- (d) “Health benefit plan” has the meaning stated in § 15–1801 of the Insurance Article.
- (e) “Managed care organization” has the meaning stated in § 15–101 of this article.
- (f) “Patient centered medical home” means a primary care practice organized to provide a first, coordinated, ongoing, and comprehensive source of care to patients to:
  - (1) Foster a partnership with a qualifying individual;
  - (2) Coordinate health care services for a qualifying individual; and
  - (3) Exchange medical information with carriers, other providers, and qualifying individuals.
- (g) “Primary care practice” means a practice or federally qualified health center organized by or including pediatricians, general internal medicine physicians, family medicine physicians, or nurse practitioners.
- (h) (1) “Prominent carrier” means a carrier reporting at least \$90,000,000 in written premiums for health benefit plans in the State in the most recent Maryland health benefit plan report submitted to the Insurance Commissioner as required under § 15–605 of the Insurance Article.
  - (2) “Prominent carrier” does not include a group model health maintenance organization as defined in § 19–713.6 of this title.
- (i) “Qualifying individual” means:
  - (1) A person covered under a health benefit plan issued by a carrier; or

(2) A member of a managed care organization.

(j) “Single carrier patient centered medical home program” has the meaning stated in § 15-1801 of the Insurance Article.

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