

(i) The interests of providers and other participating entities under contract with the impaired health maintenance organizations; and

(ii) The viability of continuing the health plan.

(3) If a court under [subparagraph (ii) of paragraph (1)] PARAGRAPH (1)(II) of this subsection approves a change to the terms of a contract that diminishes the compensation of a provider or a participating entity providing administrative, financial, or management services, the change may not:

(i) Be effective for more than 60 days; and

(ii) Except by mutual consent, be renewed or extended.

(e) In addition to the Commissioner's authority under Title 9, Subtitle 2 of the Insurance Article, the Commissioner as a liquidator may, subject to approval by a court:

(3) (i) Direct all other health maintenance organizations that participated in an open enrollment process with the insolvent health maintenance organization at a group's last regular open enrollment period to offer enrollees or subscribers of the insolvent health maintenance organization a 30-day open enrollment period to begin on the date of the insolvency; AND

(ii) [Each] REQUIRE EACH health maintenance organization directed to offer enrollees or subscribers of the insolvent health maintenance organization a 30-day open enrollment period [shall] TO offer the enrollees of the insolvent health maintenance organization the same coverage and rates that it offered the enrollees at the last regular open enrollment period;

(4) (i) Equitably allocate the insolvent health maintenance organization's group contracts of those groups not offered other coverage under [paragraph] ITEM (3) of this subsection, among all health maintenance organizations operating within a portion of the insolvent health maintenance organization's service [area;

(ii) Before] AREA, EXCEPT THAT BEFORE allocating the group contracts under [subparagraph (i) of] this [paragraph] ITEM, the Commissioner shall consider the health care delivery system and financial resources of all possible successor health maintenance organizations;

[(iii)] (II) [Each] REQUIRE EACH health maintenance organization allocated a group or groups under [subparagraph] ITEM (i) of this [paragraph shall] ITEM TO offer the group or groups the health maintenance organization's existing coverage which is most similar to each group's coverage with the insolvent health maintenance organization at rates determined in accordance with the successor health maintenance organization's existing rate methodology; AND

[(iv)] (III) [Any] ENSURE THAT ANY enrollee or subscriber whose group coverage had terminated prior to the date of the insolvency and who converted their group coverage into individual conversion coverage [shall be] IS offered the