(3)   PORTIONS OF THE MEDICAL ASSISTANCE PROGRAM ACCOUNT THAT EXCEED THE AMOUNT PROVIDED UNDER PARAGRAPH (2) OF THIS SUBSECTION SHALL BE USED BY THE SECRETARY ONLY TO:

(I)   INCREASE CAPITATION PAYMENTS TO MANAGED CARE ORGANIZATIONS CONSISTENT WITH § 15–103(B)(18) OF THE HEALTH – GENERAL ARTICLE;

(II)   INCREASE FEE–FOR–SERVICE HEALTH CARE PROVIDER RATES;

(III)   PAY MANAGED CARE ORGANIZATION HEALTH CARE PROVIDERS CONSISTENT WITH THE FEE–FOR–SERVICE HEALTH PROVIDER RATES; AND

(IV)   AFTER FISCAL YEAR 2009:

1.   MAINTAIN INCREASED CAPITATION PAYMENTS TO MANAGED CARE ORGANIZATIONS;

2.   MAINTAIN INCREASED RATES FOR HEALTH CARE PROVIDERS; AND

3.   SUPPORT GENERALLY THE OPERATIONS OF THE MARYLAND MEDICAL ASSISTANCE PROGRAM.

(C)   (1)   HEALTH CARE PROVIDER RATE INCREASES UNDER SUBSECTION (B)(2) AND (3)(II), (III), AND (IV)2 OF THIS SECTION SHALL BE DETERMINED BY THE SECRETARY IN CONSULTATION WITH MANAGED CARE ORGANIZATIONS, THE MARYLAND HOSPITAL ASSOCIATION, THE MARYLAND STATE MEDICAL SOCIETY, THE AMERICAN ACADEMY OF PEDIATRICS, MARYLAND CHAPTER, AND THE AMERICAN COLLEGE OF EMERGENCY ROOM PHYSICIANS, MARYLAND CHAPTER.

(2)   THE SECRETARY SHALL SUBMIT THE PLAN FOR MEDICAID HEALTH CARE PROVIDER RATE INCREASES UNDER PARAGRAPH (1) OF THIS SUBSECTION TO THE SENATE BUDGET AND TAXATION COMMITTEE, SENATE FINANCE COMMITTEE, HOUSE APPROPRIATIONS COMMITTEE, AND HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE PRIOR TO ADOPTING THE REGULATIONS IMPLEMENTING THE INCREASE.

19–808.

(A)   EACH YEAR THE OFFICE OF LEGISLATIVE AUDITS SHALL AUDIT THE RECEIPTS AND DISBURSEMENTS OF THE FUND AND THE COMMISSIONER SHALL INCLUDE THE AUDIT AS A PART OF THE ANNUAL REPORT REQUIRED UNDER SUBSECTION (C) OF THIS SECTION.

(B)   THE FUND, THE RATE STABILIZATION ACCOUNT, AND THE MEDICAL ASSISTANCE PROGRAM ACCOUNT SHALL BE USED ONLY FOR THE PURPOSES STATED IN THIS SECTION SUBTITLE.

(C)   ON OR BEFORE MARCH 15 OF EACH YEAR, THE COMMISSIONER SHALL REPORT TO THE LEGISLATIVE POLICY COMMITTEE, IN ACCORDANCE WITH § 2–1246 OF THE STATE GOVERNMENT ARTICLE, ON: