

(I) SHALL BE ALLOCATED DIRECTLY TO THE MEDICAL ASSISTANCE PROGRAM ACCOUNT; AND

(II) SHALL BE COUNTED TOWARDS THE TOTAL ALLOCATION REQUIRED TO THE MEDICAL ASSISTANCE PROGRAM ACCOUNT UNDER § 19-803(B)(3)(II)2, (III)2, (IV)2, (V)2, AND (VI) OF THIS ARTICLE.

(3) BEGINNING IN FISCAL YEAR 2008 AND ANNUALLY THEREAFTER THE AMOUNT UNDER PARAGRAPH (2) OF THIS SUBSECTION THAT IS COUNTED TOWARDS THE TOTAL ALLOCATION UNDER § 19-803(B)(3)(IV)2, (V)2, AND (VI) OF THIS ARTICLE THAT EXCEEDS THE AMOUNT NEEDED TO INCREASE BOTH FEE-FOR-SERVICE HEALTH CARE PROVIDER RATES PAID BY THE MEDICAL ASSISTANCE PROGRAM AND MANAGED CARE ORGANIZATION HEALTH CARE PROVIDER RATES TO A LEVEL OF RATES PAID TO SIMILAR PROVIDERS FOR THE SAME SERVICES UNDER THE FEDERAL MEDICARE FEE SCHEDULE SHALL BE TRANSFERRED, UNLESS OTHERWISE PROVIDED IN THE STATE BUDGET, TO THE COMMUNITY HEALTH RESOURCES COMMISSION FUND UNDER TITLE 19, SUBTITLE 22 OF THE HEALTH - GENERAL ARTICLE FOR THE PURPOSE OF SUPPORTING OFFICE-BASED SPECIALTY CARE, DIAGNOSTIC TESTING, AND LABORATORY TESTS FOR INDIVIDUALS WITH FAMILY INCOME THAT DOES NOT EXCEED 200% OF THE FEDERAL POVERTY LEVEL.

(C) A NONPROFIT HEALTH MAINTENANCE ORGANIZATION SHALL TRANSFER TO THE MEDICAL ASSISTANCE PROGRAM ACCOUNT:

(1) ON OR BEFORE AUGUST 1, 2005, AN AMOUNT EQUAL TO THE PREMIUM TAX EXEMPTION VALUE OF THE NONPROFIT HEALTH MAINTENANCE ORGANIZATION FOR THE LAST 6 MONTHS OF FISCAL YEAR 2005; AND

(2) WITHIN 30 DAYS FOLLOWING THE END OF EACH CALENDAR QUARTER, AN AMOUNT EQUAL TO THE PREMIUM TAX EXEMPTION VALUE OF THE NONPROFIT HEALTH MAINTENANCE ORGANIZATION FOR THE QUARTER.

(D) ON OR BEFORE MARCH 1 OF EACH YEAR, A NONPROFIT HEALTH MAINTENANCE ORGANIZATION SHALL FILE A REPORT WITH THE COMMISSIONER ESTABLISHING THAT THE NONPROFIT HEALTH MAINTENANCE ORGANIZATION TRANSFERRED FUNDS EQUAL TO ITS PREMIUM TAX EXEMPTION VALUE DURING THE PRECEDING CALENDAR YEAR AS REQUIRED BY THIS SECTION.

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(h) The provisions of subsections (d) and (e) of this section and §§ 14-106, 14-106.1, 14-115(d), (e), (f), and (g), and 14-139(d) and (e) of this subtitle do not apply to a nonprofit health service plan that insures between 1 and 10,000 covered lives in Maryland or issues contracts for only one of the following services:

- (1) podiatric;
- (2) chiropractic;
- (3) pharmaceutical;
- (4) dental;