

~~(II) A NONPROFIT HEALTH SERVICE PLAN;~~

~~(III) A HEALTH MAINTENANCE ORGANIZATION;~~

~~(IV) A DENTAL PLAN ORGANIZATION; OR~~

~~(V) ANY OTHER PERSON THAT PROVIDES HEALTH BENEFIT PLANS SUBJECT TO REGULATION BY THE STATE.~~

~~(2) "CARRIER" INCLUDES AN ENTITY THAT ARRANGES A PROVIDER PANEL FOR THE CARRIER.~~

~~(B) TO THE EXTENT REQUIRED UNDER FEDERAL LAW, A CARRIER SHALL REIMBURSE A COMMUNITY HEALTH RESOURCE, AS DEFINED IN § 19-2101 OF THE HEALTH - GENERAL ARTICLE, FOR COVERED SERVICES PROVIDED TO AN ENROLLEE OR SUBSCRIBER OF THE CARRIER.~~

~~15-715.~~

~~(A) THIS SECTION APPLIES TO EACH INDIVIDUAL OR GROUP HEALTH INSURANCE POLICY OR CONTRACT OF AN INSURER THAT IS ISSUED OR DELIVERED IN THE STATE BY AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION.~~

~~(B) TO THE EXTENT REQUIRED UNDER FEDERAL LAW, AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION SHALL REIMBURSE A COMMUNITY HEALTH RESOURCE, AS DEFINED IN § 19-2101 OF THE HEALTH - GENERAL ARTICLE, FOR COVERED SERVICES PROVIDED TO THE INSURED OR ANY OTHER PERSON COVERED BY THE POLICY OR CONTRACT.~~

~~19-807.~~

~~(a) (1) The Commissioner shall disburse money from the Medical Assistance Program account to the Secretary.~~

~~(2) THE SECRETARY SHALL TRANSFER TO THE COMMUNITY HEALTH RESOURCES COMMISSION FUND ESTABLISHED UNDER § 19-2201 OF THE HEALTH - GENERAL ARTICLE, WITHIN 30 DAYS FOLLOWING THE END OF EACH QUARTER DURING FISCAL YEAR 2008 AND EACH FISCAL YEAR THEREAFTER, THE MONEY COLLECTED FROM A NONPROFIT HEALTH MAINTENANCE ORGANIZATION IN ACCORDANCE WITH § 6-121(B)(3) OF THIS ARTICLE.~~

~~(b) (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:~~

~~(iv) after fiscal year [2009] 2008:~~

~~1. maintain increased capitation payments to managed care organizations;~~

~~2. maintain increased rates for health care providers; [and]~~