

(iii) Each health maintenance organization allocated a group or groups under subparagraph (i) of this paragraph shall 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;

(iv) 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 offered the same conversion coverage that is offered by the successor health maintenance organization to persons converting from the group of which the enrollee or subscriber had been a former member;

(5) (i) Equitably allocate the insolvent health maintenance organization's nongroup individual contracts of those nongroup individuals not offered other coverage under paragraph (3) of this subsection, among all health maintenance organizations operating within a portion of the insolvent health maintenance organization's service area;

(ii) Before allocating the nongroup individual contract or contracts under subparagraph (i) of this paragraph, the Commissioner shall consider the health care delivery system and financial resources of all possible successor health maintenance organizations;

(iii) Each health maintenance organization allocated a nongroup individual or individuals under subparagraph (i) of this paragraph shall offer the nongroup individual or individuals the health maintenance organization's existing coverage which is most similar to the nongroup individual's coverage with the insolvent health maintenance organization at rates determined in accordance with the successor health maintenance organization's existing rate methodology; and

(6) Take any other action deemed necessary by the Commissioner.

(f) The claims and expenses of health care providers incurred by the Commissioner, as a receiver, in continuing plan benefits as provided in the insolvent health maintenance organization's plan of insolvency adopted under § [19-710(o)] 19-710(P) of this subtitle shall:

- (1) Be considered expenses for the administration of the receivership; and
- (2) Have priority over all other expenses.

(g) In the event of the liquidation or rehabilitation of a health maintenance organization under this section[, members]:

(1) MEMBERS of the health maintenance organization shall have the same priority of claims as provided in Article 48A, § 158A of the Code; AND

(2) FOR CLAIMS FOR HEALTH CARE SERVICES RENDERED TO MEMBERS BEFORE AN ORDER OF RECEIVERSHIP HAS BEEN ENTERED, THE FOLLOWING HEALTH CARE PROVIDERS SHALL IMMEDIATELY FOLLOW IN PRIORITY CLAIMS OF THE MEMBERS OF THE HEALTH MAINTENANCE ORGANIZATION: