

15-102.3.

(a) The provisions of [Article 48A, § 490CC of the Code (Provider participation standards)] § 15-112 OF THE INSURANCE ARTICLE (PROVIDER PANELS) shall apply to managed care organizations in the same manner they apply to carriers.

15-102.4.

(c) (2) (i) For the protection of the managed care organization's enrollees and creditors, the applicant shall deposit and maintain in trust with the State Treasurer \$100,000 in cash or government securities of the type described in [Article 48A, § 110] § 5-701(B) OF THE INSURANCE ARTICLE.

(ii) 1. The deposits shall be accepted and held in trust by the State Treasurer in accordance with the provisions of [Article 48A, §§ 108 through 118 of the Code] TITLE 5, SUBTITLE 7 OF THE INSURANCE ARTICLE.

15-121.1.

(a) If a Program recipient has a claim for any medical, hospital or disability benefits under [Article 48A, § 539 of the Code] §§ 19-505 AND 19-506 OF THE INSURANCE ARTICLE, the Department shall be subrogated to that claim to the extent of any payments made by the Department on behalf of the Program recipient that results from the occurrence that gave rise to the claim less:

- (1) Applicable attorney's fees; and
- (2) Any rights for loss of income.

15-121.2.

(a) If a Program recipient has a claim for any medical, hospital, or disability benefits under [Article 48A, § 541 of the Code] §§ 19-509 AND 19-510 OF THE INSURANCE ARTICLE, the Department shall be subrogated to that claim to the extent of any payments made by the Department on behalf of the Program recipient that results from the occurrence that gave rise to the claim, less applicable attorney's fees.

17-215.1.

(a) A laboratory that requires a health care provider to submit a written referral to receive laboratory services shall accept the uniform laboratory referral form adopted by the Insurance Commissioner under [Article 48A, § 490BB of the Code] § 15-120 OF THE INSURANCE ARTICLE as the sole instrument for referrals for laboratory services.

19-350.1.

(a) (2) "Third party payor" means any person that administers or provides reimbursement for hospital benefits on an expense incurred basis including:

(ii) A health insurer or nonprofit health service plan authorized to offer health insurance policies or contracts in this State in accordance with [Article 48A of the Code] THE INSURANCE ARTICLE; or