Article – Insurance Section 4–301, 4–304, 4–308, and 4–311 Annotated Code of Maryland (1997 Volume and 1999 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That Section(s) 19–710(e) through (s), respectively, of Article – Health – General of the Annotated Code of Maryland be renumbered to be Section(s) 19–710(f) through (t), respectively.

SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article - Health - General

15-102.4.

- (a) (1) Each managed care organization shall be actuarially sound.
- (2) (i) Except as otherwise provided in this section, the surplus that a managed care organization is required to have shall be paid in full.
- (ii) A managed care organization shall have an initial surplus that exceeds the liabilities of the managed care organization by at least \$1,500,000.
- (b) (1) In consultation with the Secretary, the Insurance Commissioner may adjust the initial surplus requirement for a managed care organization that is not licensed as a health maintenance organization. In determining whether to make an adjustment under [paragraph (1) of this subsection] THIS PARAGRAPH, the Commissioner shall consider:
- (i) The proposed capitation level that would be received by the managed care organization under a contract with the Department under this subtitle;
- (ii) The proposed range of benefits to be provided under a contract with the Department under this subtitle;
- (iii) The existence of any commitment by the Secretary to designate funds over and above the proposed capitation where the designated funds:
- 1. Are equivalent to the difference between the requirements of § 19–710 of this [subtitle] ARTICLE and any lower requirements determined by the Commissioner under this subparagraph; and
- 2. Would be available in case of the impairment or insolvency of the managed care organization; and
- (iv) The availability of the money held in trust by the Secretary to pay claims in case of impairment or insolvency of the managed care organization.
- (2) Notwithstanding subsection (a)(2)(ii) of this section, a managed care organization shall have an initial surplus that exceeds liabilities by at least \$1,250,000. If a managed care organization has an initial surplus that is at least