

EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, A MANAGED CARE ORGANIZATION IS NOT SUBJECT TO THE INSURANCE LAWS OF THE STATE OR TO THE PROVISIONS OF TITLE 19 OF THIS ARTICLE.

15-102.3.

(a) The provisions of § 15-112 of the Insurance Article (Provider panels) shall apply to managed care organizations in the same manner they apply to carriers.

(b) The provisions of § 15-1005 of the Insurance Article shall apply to managed care organizations in the same manner they apply to health maintenance organizations.

(C) THE PROVISIONS OF ~~§ 15-1008~~ §§ 4-311, 15-604, 15-605, AND 15-1008 OF THE INSURANCE ARTICLE SHALL APPLY TO MANAGED CARE ORGANIZATIONS IN THE SAME MANNER THEY APPLY TO CARRIERS.

[(c)] (D) (1) The provisions of §§ 19-712(b), (c), and (d), 19-713.2, and 19-713.3 of this article apply to managed care organizations in the same manner they apply to health maintenance organizations.

(2) The Insurance Commissioner shall consult with the Secretary before taking any action against a managed care organization under this subsection.

[(d)] (E) The Insurance Commissioner or an agent of the Commissioner shall examine the financial affairs and status of each managed care organization at least once every 5 years.

Article - Insurance

15-1008.

(a) (1) In this section the following words have the meanings indicated.

(2) "Carrier" means:

- (i) an insurer;
- (ii) a nonprofit health service plan;
- (iii) a health maintenance organization;
- (iv) a dental plan organization; [or]