

2. DURING EACH CALENDAR YEAR THEREAFTER, IF THE LOSS RATIO IS LESS THAN 85%; AND

(II) FOR THE LOSS RATIO RELATED TO THE MARYLAND MEDICAL ASSISTANCE PROGRAM OF A MANAGED CARE ORGANIZATION THAT IS A CERTIFIED HEALTH MAINTENANCE ORGANIZATION:

1. IF THE LOSS RATIO IS LESS THAN 80% DURING CALENDAR YEAR 1997; AND

2. DURING EACH CALENDAR YEAR THEREAFTER, IF THE LOSS RATIO IS LESS THAN 85%.

(5) A LOSS RATIO REPORTED UNDER PARAGRAPH (4) OF THIS SUBSECTION SHALL BE CALCULATED SEPARATELY AND MAY NOT BE PART OF ANY OTHER LOSS RATIO REPORTED UNDER THIS SECTION.

(6) ANY REBATE RECEIVED BY A MANAGED CARE ORGANIZATION MAY NOT BE CONSIDERED PART OF THE LOSS RATIO OF THE MANAGED CARE ORGANIZATION.

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

(2) (i) "Carrier" means:

1. An insurer;

2. A nonprofit health service plan;

3. A health maintenance organization;

4. A dental plan organization; or

5. Any other person or organization that provides health benefit plans subject to State regulation.

(ii) "Carrier" includes an entity that arranges a provider panel for a carrier.

(3) "Enrollee" means any person entitled to health care benefits from a carrier.

(4) "Provider" means a health care practitioner or a group of health care practitioners licensed or otherwise authorized by law to provide health care services.

(5) (i) "Provider panel" means those providers with which a carrier contracts to provide health care services to the carrier's enrollees under the carrier's health benefit plan.

(ii) "Provider panel" does not include an arrangement between a carrier and providers in which any provider may participate solely on the basis of the provider's contracting with the carrier to provide services at a discounted fee-for-service rate.

(b) A carrier that uses a provider panel shall establish procedures for: