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§15–145.

(a) In this section, "carrier" means:

(1) A health insurer;

(2) A nonprofit health service plan;

(3) A health maintenance organization;

(4) A dental plan organization; and

(5) Any other person included as a third party in § 1902(a)(25)(A) of the Social Security Act, as amended by the federal Deficit Reduction Act of 2005.

(b) (1) A carrier shall provide, at the request of the Department, information about individuals who are eligible for benefits under the Program or are Program recipients so that the Department may determine whether an individual, the spouse of an individual, or the dependent of an individual is receiving health care coverage from a carrier and the nature of that coverage.

(2) A carrier shall provide the information required under this subsection in a manner prescribed by the Department.

(c) A carrier shall accept the Program's right of recovery and the assignment to the Program of any right of an individual or other entity to payment from the carrier for an item or service for which payment has been made under the Program if the carrier has a legal obligation to make payment for the item or service.

(d) As a condition of doing business in the State, a carrier shall comply with the requirements set forth in § 42 U.S.C. 1396a(a)(25)(I)(i) through (iv).

(e) A carrier subject to this section may not reject, deny, limit, cancel, refuse to renew, increase the rates of, affect the terms or conditions of, or otherwise affect a health insurance policy or contract for a reason based wholly or partly on:

(1) The eligibility of the individual for receiving benefits under the Program; or

(2) The receipt by an individual of benefits under the Program.

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