Article - Insurance

[Previous][Next]

§15–406.

(a) In this section, "health insurance coverage" means health care coverage under which medical care services can be provided to a child.

(b) This section applies to:

(1) commercial insurers, nonprofit health service plans, and health maintenance organizations that operate in the State under a certificate of authority;

(2) group health plans, as defined in § 607(1) of the Employee Retirement Income Security Act of 1974 (ERISA); and

(3) persons that offer a service benefit plan, as defined in federal law.

(c) An entity subject to this section may not consider whether an individual is eligible for or receives medical assistance from this State or another state under 42 U.S.C. § 1396a when:

(1) determining the eligibility of the individual for enrollment in health insurance coverage; or

(2) calculating any payments for benefits for which the individual is eligible under the health insurance coverage.

(d) On presentation of a claim, an entity subject to this section shall reimburse the State to the extent that:

(1) the State has paid for expenses for health care services that are provided to an eligible individual and covered under the Maryland Medical Assistance Program; and

(2) those health care services are included under the individual's health insurance coverage provided by the entity.

(e) If a State agency has been assigned the rights of an individual who is eligible for medical assistance and who has health insurance coverage provided by an entity subject to this section, the entity may not impose on the State agency requirements that are different from the requirements that apply to an insurance producer, assignee, or any other individual who has health insurance coverage provided by the entity.

[Previous][Next]