

Article - State Personnel and Pensions

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§2-517.

(a) In this section, “carrier” means:

- (1) a health insurer;
- (2) a nonprofit health service plan;
- (3) a health maintenance organization; and
- (4) a dental plan organization.

(b) This section does not apply to a fixed indemnity health insurance policy or contract if the premiums are paid solely by an individual.

(c) (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 the individual is receiving health care coverage from the 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, in accordance with the standard data elements for standard transactions required under 42 U.S.C. § 1320d-4 as adopted by the Secretary of Health and Human Services.

(d) 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.

(e) A carrier 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 an individual to receive benefits under the Program;
- or
- (2) the receipt by an individual of benefits under the Program.

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