Department. NOTWITHSTANDING ANY PROVISION OF THE CONTRACT OR CERTIFICATE, THE PLAN SHALL NOT DENY OR REFUSE REIMBURSEMENT TO THE DEPARTMENT BECAUSE OF THE MANNER, FORM, OR DATE OF CLAIM AS LONG AS THE DEPARTMENT, WITHIN 2 YEARS FOLLOWING THE DATE OF TREATMENT FOR WHICH REIMBURSEMENT IS SOUGHT, FURNISHES TO THE PLAN SUFFICIENT INFORMATION ON WHICH THE PLAN'S LIABILITY CAN BE DETERMINED.

470N.

If the Department of Health and Mental Hygiene notifies an insurer that services to a person covered under a health insurance policy issued, delivered, or renewed in Maryland has been paid for or provided by the Department, the insurer shall reimburse the Department for the cost of the services regardless of any provision in the policy which would require payment to the policyholder or any other payee. Benefits payable to the Department are limited to those benefits available under -{-all terms and conditions of-}-the policy for the services paid for or provided. If, prior to receiving notice from the Department, the insurer, acting in good faith, has paid the benefits available under the policy in accordance with its terms, the provisions of this section may not require payment to the Department. NOTWITHSTANDING ANY PROVISION OF THE CONTRACT OR POLICY OF INSURANCE, THE INSURER SHALL NOT DENY OR REFUSE REIMBURSEMENT TO THE DEPARTMENT BECAUSE OF THE MANNER, FORM, OR DATE OF CLAIM AS LONG AS THE DEPARTMENT, WITHIN 2 YEARS FOLLOWING THE DATE OF TREATMENT FOR WHICH REIMBURSEMENT IS SOUGHT, FURNISHES TO THE INSURER SUFFICIENT INFORMATION ON WHICH THE INSURER'S LIABILITY CAN BE DETERMINED.

477U.

If the Department of Health and Mental Hygiene notifies an insurer that services to a person covered under a health insurance policy issued, delivered, or renewed in Maryland has been paid for or provided by the Department, the insurer shall reimburse the Department for the cost of the services regardless of any provision in the policy which would require payment to the policyholder or any other payee. Benefits payable to the Department are limited to those benefits available under -{-all terms and conditions of-}-the policy for the services paid for or provided. If, prior to receiving notice from the Department, the insurer, acting in good faith, has paid the benefits available under the policy in accordance with its terms, the provisions of this section may not require payment to the Department. NOTWITHSTANDING ANY PROVISION OF THE CONTRACT OR POLICY OF INSURANCE, THE INSURER SHALL NOT DENY OR REFUSE REIMBURSEMENT TO THE DEPARTMENT BECAUSE OF THE MANNER, FORM, OR DATE OF CLAIM AS LONG AS THE DEPARTMENT, WITHIN 2 YEARS FOLLOWING THE DATE OF TREATMENT FOR WHICH REIMBURSEMENT IS SOUGHT, FURNISHES TO THE INSURER SUFFICIENT INFORMATION ON WHICH THE INSURER'S LIABILITY CAN BE DETERMINED.