

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 468GA.

In subsection (b) of this section, the reference to "provid[ing] ... information" is substituted for the former reference to "cooperat[ing] ... in supplying any information" for brevity and clarity.

Defined terms: "Carrier" § 15-901  
"Commissioner" § 1-101  
"HCFA" § 15-901  
"Medicare supplement policy" § 15-901

15-927. PENALTIES.

IN ADDITION TO ANY OTHER APPLICABLE PENALTIES FOR VIOLATIONS OF THIS ARTICLE, THE COMMISSIONER MAY REQUIRE A CARRIER THAT VIOLATES THIS SUBTITLE OR A REGULATION ADOPTED UNDER THIS SUBTITLE TO CEASE MARKETING ANY MEDICARE SUPPLEMENT POLICY OR CERTIFICATE IN THE STATE THAT IS RELATED DIRECTLY OR INDIRECTLY TO THE VIOLATION, OR MAY REQUIRE THE CARRIER TO TAKE ACTIONS NECESSARY TO COMPLY WITH THIS SUBTITLE, OR BOTH.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 468GB.

Defined terms: "Carrier" § 15-901  
"Certificate" § 15-901  
"Commissioner" § 1-101  
"Medicare supplement policy" § 15-901

15-928. SHORT TITLE.

THIS SUBTITLE IS THE MEDICARE SUPPLEMENT ACT.

REVISOR'S NOTE: This section is new language derived without substantive change from the first sentence of former Art. 48A, § 468B(a)(1).

Former Art. 48A, § 468B(b)(14), which defined "State Medicare Act" or "Act", is deleted as unnecessary in light of the short title of this subtitle.

Defined term: "Medicare" § 15-901

SUBTITLE 10. CLAIMS AND UTILIZATION REVIEW.

15-1001. REQUIREMENT FOR UTILIZATION REVIEW.

(A) SCOPE OF SECTION.

THIS SECTION APPLIES TO INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROPOSE TO ISSUE OR DELIVER INDIVIDUAL, GROUP, OR BLANKET HEALTH INSURANCE POLICIES OR CONTRACTS IN THE STATE OR TO ADMINISTER HEALTH BENEFIT PROGRAMS THAT PROVIDE FOR THE COVERAGE OF HOSPITAL BENEFITS AND THE UTILIZATION REVIEW OF THOSE BENEFITS.