

- (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) A CARRIER SHALL RESPOND TO ANY INQUIRY BY THE DEPARTMENT REGARDING A CLAIM FOR PAYMENT FOR ANY HEALTH CARE ITEM OR SERVICE THAT IS SUBMITTED NOT LATER THAN 3 YEARS AFTER THE DATE OF THE PROVISION OF THE HEALTH CARE ITEM OR SERVICE.~~

~~(E) A CARRIER MAY NOT DENY A CLAIM SUBMITTED BY THE PROGRAM SOLELY ON THE BASIS OF THE DATE OF SUBMISSION OF THE CLAIM, THE TYPE OR FORMAT OF THE CLAIM FORM, OR FAILURE OF THE PROGRAM TO PRESENT PROPER DOCUMENTATION AT THE POINT OF SALE THAT IS THE BASIS OF THE CLAIM, IF:~~

~~(1) THE CLAIM IS SUBMITTED BY THE PROGRAM WITHIN 3 YEARS AFTER THE ITEM OR SERVICE WAS PROVIDED; AND~~

~~(2) THE PROGRAM COMMENCES AN ACTION TO ENFORCE ITS RIGHTS WITH RESPECT TO THE CLAIM WITHIN 6 YEARS OF SUBMISSION OF THE CLAIM BY THE PROGRAM.~~