- (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.
- (D) As a condition of doing business in the State, a carrier SHALL COMPLY WITH THE REQUIREMENTS SET FORTH IN § 42 U.S.C. 1396A(A)(25)(I)(I) THROUGH (IV).
- (F) (E) A CARRIER SUBJECT TO THIS SECTION 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 THE INDIVIDUAL FOR RECEIVING BENEFITS UNDER THE PROGRAM; OR
- (2) THE RECEIPT BY AN INDIVIDUAL OF BENEFITS UNDER THE PROGRAM.

19-706.

(JJJ) THE PROVISIONS OF § 15–144 OF THIS ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2007.

May 17, 2007

The Honorable Thomas V. Mike Miller, Jr.