Title 31 MARYLAND INSURANCE ADMINISTRATION

Subtitle 01 GENERAL PROVISIONS

Chapter 02 Emergency Powers

Authority: Health-General Article, §19-706; Insurance Article, §2-115; Annotated Code of Maryland

.02 Applicability.
A. This chapter applies to:
   (1) – (2) (text unchanged)
   (3) Each pharmacy benefits manager registered to do business in Maryland.
B. (text unchanged)

.03 Definitions.
A. In this chapter, the following terms have the meanings indicated.
B. Terms Defined.
   (1) – (10) (text unchanged)
   (11) "Copayment" means a specified charge that a covered person shall pay each time services of a particular type or in a designated setting are received.
   (12) "Deductible" means the amount of allowable charges that shall be incurred by an individual or family per year before a carrier begins payment.
   (13) "Eligible individual" means an individual who:
      (a) Enrolled in Medicare Part B while enrolled in the Maryland Medical Assistance Program;
      (b) Remained in the Maryland Medical Assistance Program due to a suspension of terminations by the Maryland Medical Assistance Program during a state of emergency, and was not disenrolled until or terminated until at least 6 months following the effective date of enrollment in Part B of Medicare;
      (c) Seeks to enroll in a Medicare supplement policy during the 63 day period following the later of notice of termination or disenrollment or the date of termination from the Maryland Medical Assistance Program; and
      (d) Submits evidence of the date of termination or disenrollment from the Maryland Medical Assistance Program with the application for a Medicare supplement policy.
   ([11]) (14) – ([22]) (25) (text unchanged)
   (26) “Specified illness” means an illness, disease, virus, or infection for which:
      (a) The Governor has declared or has renewed a declaration of a state of emergency for the State or an area within the State under Public Safety Article §14-107, Annotated Code of Maryland; or
      (b) The President of the United States has issued a major disaster or emergency declaration for the State or an area within the State under the Federal Stafford Act.
   ([23]) (27) (text unchanged)

.06 Life and Health.
A. The bulletin issued by the Commissioner under Regulation .05 of this chapter may require health carriers to:
   (1) – (4) (text unchanged)
   (5) Except as provided in §§ J and K of this regulation, waive any cost-sharing, including copayments, coinsurance, and deductibles, for any visit to diagnose or test for a specified illness, regardless of the setting of the testing (for example, an emergency room, urgent care center, or primary physician’s office);
   (6) Except as provided in §§ J and K of this regulation, waive any cost-sharing, including copayments, coinsurance, and deductibles, for laboratory fees to diagnose or test for a specified illness;
   (7) Except as provided in §§ J and K of this regulation, waive any cost-sharing, including copayments, coinsurance, and deductibles, for vaccination for a specified illness; and
   (8) Except as provided in §§ J and K of this regulation, waive any cost-sharing, including copayments, coinsurance, and deductibles, for treatment for a specified illness.
B. (text unchanged)
   F. The Commissioner may require a health carrier to make a claims payment for treatment for a specified illness that the health carrier has denied as experimental.
   G. A health carrier shall evaluate a request to use an out-of-network provider to perform diagnostic testing of a specified illness solely on the basis of whether the use of the out of network provider is medically necessary or appropriate.
   H. Subject to §M of this regulation, the only prior authorization requirements a health carrier may utilize relating to testing for a specified illness shall relate to the medical necessity of that testing.
   I. An adverse decision on a request for coverage of diagnostic services for a specified illness shall be considered an emergency case for which an expedited grievance procedure is required under Insurance Article, §15-10A-02, Annotated Code of Maryland.
J. The requirements of §A(5)—(8) of this regulation do not apply to a Medicare supplement policy as defined by Insurance Article, §15-901(k), Annotated Code of Maryland.

K. A carrier is not required to waive the deductible for an insured covered under a high deductible health plan, as defined in 26 U.S.C. §223, if the waiver of the deductible would disqualify the plan from being considered a high deductible health plan under federal law.

L. The Commissioner may require pharmacy benefits managers and health carriers to suspend random audits, including, but not limited to in-person or “desk” audits, of pharmacies, unless there is a reasonable suspicion of fraud.

M. The Commissioner may require health carriers to suspend, waive, or modify requirements related to prior authorizations, concurrent review, retrospective review, and notification of inpatient acute care, post-discharge care, and facility transfers.

N. With respect to an eligible individual, a carrier may not:
   (1) Deny or condition the issuance or effectiveness of a Medicare supplement policy that is offered and is available for issuance to new enrollees by the issuer;
   (2) Discriminate in the pricing of a Medicare supplement policy because of health status, claims experience, receipt of health care, or medical condition; and
   (3) Impose an exclusion of benefits based on a preexisting condition under a Medicare supplement policy.