

# 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. – E. (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.*