Article – Insurance

15–1303.

(A) In addition to any other requirements under this article, a carrier that offers individual health benefit plans in this State shall:

(1) have demonstrated the capacity to administer the individual health benefit plans, including adequate numbers and types of administrative staff;

(2) have a satisfactory grievance procedure and ability to respond to calls, questions, and complaints from enrollees or insureds; and

(3) design policies to help ensure that enrollees or insureds have adequate access to providers of health care.

(B) (1) FOR EACH CALENDAR QUARTER, A CARRIER THAT OFFERS INDIVIDUAL HEALTH BENEFIT PLANS IN THE STATE SHALL SUBMIT TO THE COMMISSIONER A REPORT THAT INCLUDES:

(I) THE NUMBER OF APPLICATIONS SUBMITTED TO THE CARRIER FOR INDIVIDUAL COVERAGE; AND

(II) THE NUMBER OF DECLINATIONS ISSUED BY THE CARRIER FOR INDIVIDUAL COVERAGE.

(2) THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE FILED WITH THE COMMISSIONER NO LATER THAN 30 DAYS AFTER THE LAST DAY OF THE QUARTER FOR WHICH THE INFORMATION IS PROVIDED.

(C) (1) IF A CARRIER DENIES COVERAGE UNDER A MEDICALLY UNDERWRITTEN HEALTH BENEFIT PLAN TO AN INDIVIDUAL IN THE NONGROUP MARKET, THE CARRIER SHALL PROVIDE THE INDIVIDUAL WITH SPECIFIC INFORMATION REGARDING THE AVAILABILITY OF COVERAGE UNDER THE MARYLAND HEALTH INSURANCE PLAN ESTABLISHED UNDER TITLE 14, SUBTITLE 5 OF THIS ARTICLE.

(2) A NOTICE ISSUED BY A CARRIER UNDER THIS SUBSECTION SHALL BE PROVIDED IN A MANNER AND FORM REQUIRED BY THE COMMISSIONER.

~~15–1305.~~ 15–1309.

(b) A carrier may not cancel or refuse to renew an individual health benefit plan except:

(1) for nonpayment of the required premiums;

(2) where the individual has performed an act or practice that constitutes fraud;

(3) where the individual has made an intentional misrepresentation of material fact under the terms of the coverage;