

Senate Bill 378

By: Senators Price of the 56th, Stokes of the 43rd, Hill of the 4th, Balfour of the 9th, Thomas of the 10th and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 20A of Title 33 of the Official Code of Georgia Annotated, relating to
2 managed health care plans, so as to require any managed care entity offering a plan to obtain
3 a signed affirmative consent from each enrollee acknowledging that the enrollee has been
4 informed of and accepts specific elements of the plan; to specify that an enrollee shall give
5 affirmative consent to a list of the participating providers, the limitations on choices of
6 providers, and any contracts between the plan and any provider or hospital; to provide for
7 related matters; to repeal conflicting laws; and for other purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 **SECTION 1.**

10 Chapter 20A of Title 33 of the Official Code of Georgia Annotated, relating to managed
11 health care plans, is amended by adding a new subparagraph (C.1) to paragraph (1) of Code
12 Section 33-20A-5, relating to standards for certification, to read as follows:

13 "(C.1) Any managed care plan licensed in this state shall obtain a signed affirmative
14 consent form from each enrollee at the time of enrollment and at least annually
15 thereafter acknowledging that the enrollee has been informed of and accepts the
16 following:

17 (i) The number, mix, and distribution of participating providers. An enrollee shall be
18 entitled to a list of individual participating providers and the list shall be updated at
19 least every 30 days and may be published on an Internet service site made available
20 by the managed care entity at no cost to such enrollee;

21 (ii) The existence of limitations and disclosure of such limitations on choices of
22 health care providers; and

23 (iii) A summary of any agreements or contracts between the managed care plan and
24 any health care provider or hospital as they pertain to the provisions of Code Sections
25 33-20A-6 and 33-20A-7. Such summary shall not be required to include financial
26 agreements as to actual rates, reimbursements, charges, or fees negotiated by the

1 managed care plan and any health care provider or hospital; provided, however, such
2 summary may include a disclosure of the category or type of compensation, whether
3 capitation, fee for service, per diem, discounted charge, global reimbursement
4 payment, or otherwise, paid by the managed care plan to each class of health care
5 provider or hospital under contract with the managed care plan.”

6 **SECTION 2.**

7 All laws and parts of laws in conflict with this Act are repealed.