

The House Committee on Insurance offered the following substitute to HB 716:

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 provide for the regulation of health insurance carriers
3 who secure for their enrollees the professional services of physicians through physician
4 contracts; to provide for continuation of the provision of health care services by physicians
5 after termination of their contracts under certain circumstances; to provide procedures,
6 limitations, and other provisions concerning the audit, retroactive denial, request for
7 additional payment, and adjustment of previously paid claims by health care providers and
8 insurers; to provide for related matters; to repeal conflicting laws; and for other purposes.

9 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

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 striking paragraph (2) of Code Section 33-20A-5, relating
12 to standards for certification, and inserting in lieu thereof a new paragraph (2) to read as
13 follows:
14

15 "(2) ACCESS TO SERVICES. A managed care entity must demonstrate that its plan:

16 (A) Makes benefits available and accessible to each enrollee electing the managed care
17 plan in the defined service area with reasonable promptness and in a manner ~~which that~~
18 promotes continuity in the provision of health care services, including continuity in the
19 provision of health care services after termination of a physician's contract as provided
20 for in Code Section 33-20A-61;

21 (B) When medically necessary provides health care services 24 hours a day and seven
22 days a week;

23 (C) Provides payment or reimbursement for emergency services and out-of-area
24 services; and

25 (D) Complies with the provisions of Code Section 33-20A-9.1 relating to nomination
26 and reimbursement of out of network health care providers and hospitals; and".

H. B. 716 (SUB)

1 that an insurance carrier, plan, network, panel, or any agent thereof should terminate a
2 physician's contract and thereby affect any enrollee's opportunity to continue receiving
3 health care services from that physician under the plan, any such enrollee who is suffering
4 from and receiving active treatment for a chronic or terminal illness, or who is an inpatient,
5 at the time of the termination of the physician's contract shall have the right to continue
6 receiving health care services from that physician for a period of 60 days from the date of
7 the termination of the physician's contract. Any enrollee who is more than 12 weeks
8 pregnant and receiving treatment in connection with that pregnancy at the time of the
9 termination of that enrollee's physician's contract shall have the right to continue receiving
10 health care services from that physician throughout the remainder of that pregnancy,
11 including six-weeks' postdelivery care. During such continuation of coverage period, the
12 physician shall continue providing such services in accordance with the terms of the
13 contract and the carrier, plan, network, panel, and all agents thereof shall continue to meet
14 all obligations of such physician's contract. The enrollee shall not have the right to the
15 continuation provisions provided in this Code section if the physician's contract is
16 terminated for reasons related to the quality of health care services rendered or issues
17 related to the health, safety, or welfare of enrollees.

18 (b) Every physician contract entered into, amended, extended, or renewed after July 1,
19 2002, by a carrier shall contain a specific provision which shall provide that, in the event
20 that a physician should terminate his or her contract with an insurance carrier, plan,
21 network, panel, or any agent thereof and thereby affect any enrollee's opportunity to
22 continue receiving health care services from that physician under the plan, any such
23 enrollee who is suffering from and receiving active treatment for a chronic or terminal
24 illness, or who is an inpatient, at the time of the termination of the physician's contract
25 shall have the right to continue receiving health care services from that physician for a
26 period of 60 days from the date of the termination of the physician's contract. Any enrollee
27 who is more than 12 weeks pregnant and receiving treatment in connection with that
28 pregnancy at the time of the termination of that enrollee's physician's contract shall have
29 the right to continue receiving health care services from that physician throughout the
30 remainder of that pregnancy, including six-weeks' postdelivery care. During such
31 continuation of coverage period, the physician shall continue providing such services in
32 accordance with the terms of the contract and the carrier, plan, network, panel, and all
33 agents thereof shall continue to meet all obligations of such physician's contract.

1 33-20A-62.

2 (a) No carrier, plan, network, panel, or any agent thereof may conduct an audit or impose
3 a retroactive denial on any health care provider's claim submitted within 90 days of the last
4 date of service or discharge covered by such claim unless:

5 (1) The carrier, plan, network, panel, or agent thereof has provided to the health care
6 provider in writing notice of the intent to conduct such an audit or impose such a
7 retroactive denial of such claim or any part thereof and has provided in such notice the
8 specific reason for the audit or retroactive denial;

9 (2) Not more than 12 months have elapsed since the last date of service or discharge
10 covered by the claim prior to the delivery to the health care provider of such written
11 notice; and

12 (3) Any such audit or retroactive denial must be completed within 18 months of the last
13 date of service or discharge covered by such claim.

14 (b) No carrier, plan, network, panel, or any agent thereof may conduct an audit or impose
15 a retroactive denial on any health care provider's claim submitted more than 90 days after
16 the last date of service or discharge covered by such claim unless:

17 (1) The carrier, plan, network, panel, or agent thereof has provided to the health care
18 provider in writing notice of the intent to conduct such an audit or impose such a
19 retroactive denial of such claim or any part thereof and has provided in such notice the
20 specific reason for the audit or retroactive denial;

21 (2) Not more than 12 months have elapsed since such claim was initially submitted by
22 the health care provider prior to the delivery to the health care provider of such written
23 notice; and

24 (3) Any such audit or retroactive denial must be completed within 18 months following
25 the health care provider's initial submission of such a claim.

26 (c) No carrier, plan, network, panel, or any agent thereof shall have any obligation to
27 respond to a health care provider's request for additional payment or to adjust any
28 previously paid health care provider's claim or any part thereof unless:

29 (1) The health care provider has made a request in writing to the carrier, plan, network,
30 panel, or any agent thereof specifically identifying the previously paid claim and any part
31 thereof and has provided the specific reason for additional payment; and

32 (2) Not more than nine months have elapsed since the date of the payment of the original
33 claim prior to the delivery to the carrier, plan, network, panel, or any agent thereof of the
34 written request for additional payment on a previously paid claim or any part thereof."

35 SECTION 3.

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