

ADOPTED SENATE

1 The Senate Insurance & Labor Committee offered the following amendment:

2 Amend the Senate Insurance and Labor Committee substitute to SB 476 by inserting after
 3 "insurance;" on line 7 on page 1 "to require any managed care entity offering a plan to obtain
 4 a signed acknowledgment form from each enrollee acknowledging that the enrollee has been
 5 informed of specific elements of the plan; to specify that an enrollee shall acknowledge a
 6 list of the participating providers, the limitations on choices of providers, and any contracts
 7 between the plan and any provider or hospital;".

8 By redesignating Sections 4 through 8 as Sections 5 through 9, respectively, and inserting
 9 after line 26 on page 3 the following:

10 **"SECTION 4.**

11 Said title is further 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
 14 acknowledgment form from each enrollee at the time of enrollment and at least
 15 annually thereafter acknowledging that the enrollee has been informed of the
 16 following:

17 (i) The number, mix, and distribution of participating providers. An enrollee shall
 18 be entitled to a list of individual participating providers and the list shall be updated
 19 at 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
 27 managed care plan and any health care provider or hospital; provided, however, such
 28 summary may include a disclosure of the category or type of compensation, whether
 29 capitation, fee for service, per diem, discounted charge, global reimbursement
 30 payment, or otherwise, paid by the managed care plan to each class of health care
 31 provider or hospital under contract with the managed care plan."