

Senate Bill 179

By: Senators Harbison of the 15th, Kemp of the 3rd and Dean of the 31st

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 1 of Chapter 30 of Title 33 of the Official Code of Georgia Annotated,
2 relating to general provisions regarding group or blanket accident and sickness insurance, so
3 as to provide for definitions; to provide that certain insurers, health care corporations
4 including provider sponsored health care corporations, and health maintenance organizations
5 furnish claims experience to group policy holders; to provide for an alternative form of group
6 claims experience reporting to policyholders as approved by the Commissioner of Insurance;
7 to authorize the Commissioner of Insurance to approve fees to be charged for the provision
8 of such claims experience reports; to provide for related matters; to repeal conflicting laws;
9 and for other purposes.

10 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

11 **SECTION 1.**

12 Article 1 of Chapter 30 of Title 33 of the Official Code of Georgia Annotated, relating to
13 general provisions regarding group or blanket accident and sickness insurance, is amended
14 by adding a new Code Section 33-30-13.1 following Code Section 33-30-13 to read as
15 follows:

16 "33-30-13.1.

17 (a) As used in this Code section, the term 'insurer' means an accident and sickness insurer,
18 fraternal benefit society, nonprofit hospital service corporation, nonprofit medical service
19 corporation, health care corporation, provider sponsored health care corporation, health
20 maintenance organization, or any similar entity.

21 (b)(1) All insurers shall furnish, regardless of the rating methodology used, claims
22 experience to group policyholders within 30 days of any policyholder's request unless such
23 information has been furnished to the group policyholder within the preceding six months.
24 Such claims experience shall be furnished for all groups of 51 or more covered employees,
25 members, or enrollees, not including dependents, and shall include, but shall not be limited
26 to:

- 1 (A) Earned premiums separated by policy year for at least the last two policy years, if
2 applicable;
- 3 (B) Total incurred claims, inclusive of any high amount or pooled claims, including
4 both capitated and noncapitated expenses set forth in the same manner as premiums;
5 and
- 6 (C) Any amounts in excess of the individual pooling or stop-loss point applicable to
7 the group.
- 8 (2) Insurers that utilize provider contracting methods including financial devices such
9 as global fee arrangements to cover all medical expenses may make application to the
10 Commissioner for approval of the use of an alternative form of claims experience
11 reporting. The insurer must still provide Georgia experience on a group-specific basis
12 or on such other reasonable basis as the Commissioner may approve for such insurer, in
13 advance, based upon a submission of an explanation and supporting documentation. Any
14 insurer that received approval for an alternative form of group claims experience
15 reporting to policyholders shall be required to seek the Commissioner's advance approval
16 of a proposed response letter to group policyholders who request experience reporting.
17 Such letter should describe the insurer's reasons for seeking an alternative reporting
18 process and describe the alternative form of reporting approved by the Commissioner.
- 19 (3) Insurers may charge a reasonable fee for providing this information to group
20 policyholders. The schedule or amount of fees to be charged group policyholders for
21 providing this information shall be filed by each insurer with the Commissioner.
- 22 (4) In providing claims experience to group policyholders under this Code section,
23 insurers shall adhere to all state and federal laws regarding disclosure of protected health
24 or personal information."

25

SECTION 2.

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