Senate Bill 302
By: Senators Martin of the 9th, Burke of the 11th, Unterman of the 45th, Watson of the 1st and Parent of the 42nd

A BILL TO BE ENTITLED
AN ACT

To amend Title 33 of the Official Code of Georgia Annotated, relating to insurance, so as to require health carriers to maintain accurate provider directories; to provide for definitions; to provide for electronic and printed provider directories; to require certain information in provider directories; to grant enforcement authority to the Commissioner; to provide for related matters; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

Title 33 of the Official Code of Georgia Annotated, relating to insurance, is amended by adding a new chapter to read as follows:

"CHAPTER 20C

33-20C-1.

As used in this chapter, the term:

(1) 'Covered person' means a policyholder, subscriber, enrollee or other individual participating in a health benefit plan.

(2) 'Facility' means an institution providing physical, mental, or behavioral health care services or a health care setting, including, but not limited to, hospitals; licensed inpatient centers; ambulatory surgical centers; skilled nursing facilities; residential treatment centers; diagnostic, treatment, or rehabilitation centers; imaging centers; and rehabilitation and other therapeutic health settings.

(3) 'Health benefit plan' means a policy, contract, certificate, or agreement entered into, offered by, or issued by a health carrier to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services.

(4) 'Health care professional' means any physician, dentist, podiatrist, pharmacist, optometrist, psychologist, clinical social worker, advanced practice registered nurse, registered optician, licensed professional counselor, physical therapist, marriage and
family therapist, chiropractor, athletic trainer qualified pursuant to Code Section 43-5-8, occupational therapist, speech language pathologist, audiologist, dietitian, or physician assistant.

(5) ‘Health care provider’ or ‘provider’ means a health care professional, a hospital, or a facility other than a hospital.

(6) ‘Health carrier’ means an entity subject to the insurance laws and regulations of this state that contracts, offers to contract, or enters into an agreement to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including a fraternal benefit society, hospital service corporation, medical service corporation, health care corporation, health maintenance organization, managed care plan other than a dental plan, or any similar entity authorized to issue contracts under this title.

(7) ‘Network’ means the group or groups of participating health care providers providing services under a network plan.

(8) ‘Network plan’ means a health benefit plan that either requires a covered person to use health care providers managed by, owned by, under contract with, or employed by the health carrier or that creates incentives, including financial incentives, for a covered person to use such health care providers.

33-20C-2.

(a)(1) A health carrier shall post on its website a current and accurate electronic provider directory for each of its network plans with the information described in Code Section 33-20C-4. Such online provider directory shall be easily accessible in a standardized, downloadable, and machine readable format.

(2) In making the provider directory available online, the health carrier shall ensure that the general public is able to view all of the current providers for a network plan through a clearly identifiable link or tab and without creating or accessing an account or entering a policy or contract number.

(3) The health carrier shall update each network plan on the online provider directory no less than every 30 days.

(b) A health carrier shall provide a print copy of a current provider directory, or a print copy of the requested directory information, with the information described in Code Section 33-20C-5 upon request by a covered person or a prospective covered person.

(c) For each network plan, a health carrier shall include in plain language, in both the online and print directory, the following general information:

(1) A description of the criteria the health carrier has used to build its provider network;

(2) If applicable, a description of the criteria the health carrier has used to tier providers;
(3) If applicable, how the health carrier designates the different provider tiers or levels, such as by name, symbols, or grouping, in the network and identifies for each specific provider in the network in which tier each is placed in order for a covered person or a prospective covered person to be able to identify the provider tier; and

(4) If applicable, a notice that authorization or referral may be required to access some providers.

(d) The health carrier shall make clear for both its online and print directories the provider directory that applies to each network plan, such as by including the specific name of the network plan as marketed and issued in this state.

(e) The health carrier shall make available through its online and print directories the source of the information required pursuant to Code Sections 33-20C-4 and 33-20C-5 pertaining to each health care provider and any limitations, if applicable.

(f) Provider directories, whether in electronic or print format, shall accommodate the communication needs of individuals with disabilities and include a link to or information regarding available assistance for individuals with limited English proficiency.

33-20C-3.

(a) The health carrier shall include in both its online and print directories a dedicated email address and telephone number and a link to a webpage that covered persons or the general public may use to report to the health carrier inaccurate, incomplete, confusing, or misleading information listed in the provider directory. Whenever a health carrier receives such a report, it shall promptly investigate such report and no later than 30 days following receipt of such report either verify the accuracy of the information or update the information, as applicable.

(b)(1) A health carrier shall take appropriate steps to ensure the accuracy of the information concerning each provider listed in the carrier's provider directory and shall, at least annually, review and update the entire provider directory for each network plan offered. Each calendar year the health carrier shall notify all providers included in the carrier's provider network of the information the health carrier has in its provider directory regarding the provider. If the health carrier does not receive a response from a provider within 30 days of such notification confirming that the information regarding the provider is current and accurate or, as an alternative, updating any information, the health carrier shall provide an additional notification. If the health carrier does not receive a response from a provider within 30 days of the additional notification, the health carrier shall remove the provider from the provider directory.

(2) The health carrier shall notify any provider in its network that has not submitted claims to the health carrier within a 12 month period. If the health carrier does not
receive a response from the provider within 30 days of such notification confirming that
the information regarding the provider is current and accurate or, as an alternative,
updating any information, the health carrier shall remove the provider from the provider
directory.

c. The health carrier shall annually report to the Commissioner, in accordance with
timeframes and requirements established by the Commissioner:

1. The number of reports received pursuant to subsection (a) of this Code section, the
timeliness of the carrier's response, and the corrective actions taken; and

2. All auditing reports conducted by the health carrier pursuant to subsection (b) of this
Code section.

d. In circumstances where the Commissioner finds that a covered person reasonably
relied upon materially inaccurate, incomplete, or misleading information contained in a
health carrier's provider directory, the Commissioner may require the health carrier to
provide coverage for all covered health care services provided to the covered person and
to reimburse the covered person for any amount beyond what he or she would have paid,
had the services been delivered by an in-network provider under the health carrier's
network plan. Prior to requiring reimbursement in these circumstances, the Commissioner
shall conclude that the services received by the health carrier were covered services under
the covered person's network plan. In such circumstances, the fact that the services were
rendered or delivered by a noncontracting or out-of-network provider shall not be used as
a basis to deny reimbursement to the covered person.

33-20C-4.
The health carrier shall make available through an online provider directory, for each
network plan, the following information, in a searchable format:

1. For health care professionals:

   A. Name;
   B. Gender;
   C. Contact information;
   D. Participating office location or locations;
   E. Specialty, if applicable;
   F. Board certifications;
   G. Medical group affiliations, if applicable;
   H. Facility affiliations, if applicable;
   I. Participating facility affiliations, if applicable;
   J. Languages spoken other than English by the health care professional or clinical
      staff, if applicable; and
(K) Whether they are accepting new patients;

(2) For hospitals:

(A) Hospital name;

(B) Hospital type, such as acute, rehabilitation, children's, or cancer;

(C) Participating hospital location;

(D) Hospital accreditation status; and

(E) Telephone number;

(3) For facilities other than hospitals:

(A) Facility name;

(B) Facility type;

(C) Types of services performed;

(D) Participating facility location or locations; and

(E) Telephone number.

33-20C-5.

(a) The health carrier shall make available in print, upon request, the following provider directory information for the applicable network plan:

(1) For health care professionals:

(A) Name;

(B) Contact information;

(C) Participating office location or locations;

(D) Specialty, if applicable;

(E) Languages spoken other than English, if applicable; and

(F) Whether accepting new patients;

(2) For hospitals:

(A) Hospital name;

(B) Hospital type, such as acute, rehabilitation, children's, or cancer; and

(C) Participating hospital location and telephone number; and

(3) For facilities other than hospitals:

(A) Facility name;

(B) Facility type;

(C) Types of services performed; and

(D) Participating facility location or locations and telephone number.

(b) The health carrier shall include a disclosure in the print directory that the information in subsection (a) of this Code section and included in the directory is accurate as of the date of printing and that covered persons or prospective covered persons should consult the
carrier's electronic provider directory on its website or call a specified customer service telephone number to obtain current provider directory information.

The Commissioner is authorized to enforce this part and, in doing so, to exercise the powers granted to the Commissioner by Code Section 33-2-24 and any other provisions of this title.

SECTION 2.
All laws and parts of laws in conflict with this Act are repealed.