CHAPTER 293

(SB 341)

AN ACT relating to managed health care plans.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

Section 1. KRS 304.17A-510 is amended to read as follows:

(1) In addition to the disclosure requirements provided in KRS 304.17A-505, an insurer that offers a managed care plan shall ***notify*** ~~[disclose to]~~ an enrollee, in writing, ***of the availability of a printed document,*** in a manner consistent with KRS 304.14-420 to 304.14450, ***containing*** the following information at the time of enrollment and upon request:

(a) A current participating provider directory providing information on a covered person's access to primary care health care providers, including available participating health care providers, by provider category or specialty and by county. The directory shall include the professional office address of each participating health care provider. The directory shall also provide information about participating hospitals and other providers. The insurer shall promptly notify each covered person on the termination or withdrawal from the insurer's provider network of the covered person's designated primary care provider;

(b) General information about the type of financial incentives between participating providers under contract with the insurer and other participating health care providers and facilities to which the participating providers refer their managed care patients; and

(c) The insurer's managed care plan's standard for customary waiting times for appointments for urgent and routine care.

The insurer shall provide a prospective enrollee with information about the provider network, including hospital affiliations, and other information specified in this subsection, upon request. ***In addition to making the information available in a printed document, an insurer may also make the information available in an accessible electronic format.***

(2) Upon request of a covered person, an insurer shall promptly inform the person:

(a) Whether a particular network provider is board certified; and

(b) Whether a particular network provider is currently accepting new patients.

(3) Each insurer shall annually make available to its enrollees at its principal office and place of business:

(a) Its most recent annual statement of financial condition including a balance sheet and summary of receipts and disbursements; and

(b) A current description of its organizational structure and operation.

Section 2. KRS 304.17A-590 is amended to read as follows:

(1) An insurer that offers a managed care plan ***or a risk-bearing managed care plan*** shall ***notify*** ~~[disclose to]~~ an enrollee, in writing, ***of the availability,*** in a manner consistent with KRS 304.14-420 to 304.14-450, ~~[and any risk-bearing managed care plan shall disclose to an enrollee,]~~ in writing, at the time of enrollment and thereafter upon request, and as new providers are contracted with by the plans, or as the directory may change, ***of*** a current

participating provider directory providing information on a covered person's access to primary care physicians and specialists, optometrists, chiropractors, and hospitals, including available participating physicians, optometrists, chiropractors, and hospitals, by provider category or specialty and by county. The directory shall include the following: (a) Professional office addresses and telephone numbers for all participating:

1. Primary care physicians;
2. Optometrists;
3. Chiropractors;
4. Hospitals; and
5. Other health care providers as defined under KRS 304.17A-010(11);

(b) Information about drug formularies and their restrictions, limitations, and procedures for authorization outside the formularies;

(c) The benefits for each provider type;

(d) General information about the type of financial incentives between participating providers under contract with the insurer and other participating health care providers and facilities to which the participating providers refer their managed care patients; and

(e) Grievance procedures available under the plans for complaint resolutions.

In addition to making the information available in a printed document, an insurer may also make the information available in an accessible electronic format.

(2) The insurer shall promptly notify each covered person on the termination or withdrawal from the insurer's provider network of the covered person's designated primary care provider.

(3) The provisions of this section shall be implemented prior to any open enrollment period for which the effective date of coverage will be January 1, 1999, or for which the effective date shall commence after an open enrollment period, and shall continue for each open enrollment period thereafter.

Approved April 3, 2000