

304.17A-510 Notification by insurer offering managed care plans of availability of printed document.

- (1) In addition to the disclosure requirements provided in KRS 304.17A-505, an insurer that offers a managed care plan shall notify an enrollee, in writing, of the availability of a printed document, in a manner consistent with KRS 304.14-420 to 304.14-450, 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;
 - (c) The insurer's managed care plan's standard for customary waiting times for appointments for urgent and routine care; and
 - (d) The existence of any hold harmless agreements it has with providers and their effect on the enrollee.

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.

Effective: July 14, 2000

History: Amended 2000 Ky. Acts ch. 293, sec. 1, effective July 14, 2000; and ch. 500, sec. 3, effective July 14, 2000. -- Created 1998 Ky. Acts ch. 496, sec. 27, effective April 10, 1998.

Legislative Research Commission Note (7/14/2000). This section was amended by 2000 Ky. Acts chs. 293 and 500, which do not appear to be in conflict and have been codified together.