



General Assembly

Substitute Bill No. 47

January Session, 2009

* SB00047INS__031309__ *

AN ACT CONCERNING HEALTH CARE PROVIDER CONTRACTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2009*) (a) As used in this
2 section:

3 (1) "Contracting health organization" means a managed care
4 organization, as defined in section 38a-478 of the general statutes, or a
5 preferred provider network, as defined in section 38a-479aa of the
6 general statutes.

7 (2) "Provider" means a physician, surgeon, chiropractor, podiatrist,
8 optometrist or nurse practitioner.

9 (b) A contracting health organization shall include with each
10 contract offered by such organization to a provider for services to be
11 rendered to residents of this state: (1) Access to the contracting health
12 organization's current procedural terminology codes and Healthcare
13 Common Procedure Coding System fee schedules applicable to such
14 provider's specialty; (2) the name and contact information of the
15 medical director responsible for internal appeals and a description of
16 the procedures used to provide a response to provider inquiries; and
17 (3) access to the contracting health organization's policies and
18 guidelines that directly or indirectly impact patients' rights or
19 providers' payments, duties, requirements or appeals.

20 (c) No contracting health organization shall:

21 (1) Make unilateral changes to the provisions of (A) such contract,
22 (B) its medical payment policy, including, but not limited to, methods
23 of payment, or (C) its administrative policy, that directly or indirectly
24 impact patients' rights or providers' payments, duties, requirements or
25 appeals, more than once a year, and such changes shall be made
26 simultaneously; or

27 (2) Cancel, deny or demand the return of full or partial payment for
28 a service authorized due to administrative or eligibility error, more
29 than one year from the date of the filing of a clean claim. If a claim is
30 returned by such organization to a provider due to the identification of
31 a different payor as the appropriate source of provider payment, such
32 provider may submit such returned claim to such identified payor up
33 to one year after such claim is returned.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2009	New section

INS *Joint Favorable Subst.*