



General Assembly

January Session, 2011

Committee Bill No. 16

LCO No. 750

00750SB00016INS

Referred to Committee on Insurance and Real Estate

Introduced by:
(INS)

AN ACT CONCERNING STANDARDS FOR HEALTH CARE PROVIDER CONTRACTS.

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

1 Section 1. Subparagraph (B) of subdivision (15) of section 38a-816 of
2 the general statutes is repealed and the following is substituted in lieu
3 thereof (*Effective January 1, 2012*):

4 (B) Each insurer, or other entity responsible for providing payment
5 to a health care provider pursuant to an insurance policy subject to this
6 section, shall pay claims not later than [forty-five] (i) sixty days after
7 receipt by the insurer of the claimant's proof of loss form in paper
8 format or the health care provider's request for payment in paper
9 format filed in accordance with the insurer's practices or procedures,
10 or (ii) fifteen days after the claimant or health care provider has
11 electronically filed a claim or request for payment, except that when
12 there is a deficiency in the information needed for processing a claim,
13 as determined in accordance with section 38a-477, the insurer shall [(i)]
14 (I) send written notice to the claimant or health care provider, as the
15 case may be, of all alleged deficiencies in information needed for
16 processing a claim not later than thirty days after the insurer receives a

17 claim for payment or reimbursement under the contract, and [(ii)] (II)
18 pay claims for payment or reimbursement under the contract, for a
19 claim or request that was filed in paper format, not later than thirty
20 days after the insurer receives the information requested, and for a
21 claim or request that was filed electronically, not later than fifteen days
22 after the insurer receives the information requested.

23 Sec. 2. (NEW) (*Effective January 1, 2012*) The Insurance
24 Commissioner shall establish procedures to be used by insurers, health
25 care centers, fraternal benefit societies, hospital service corporations,
26 medical service corporations or other entities delivering, issuing for
27 delivery, renewing, amending or continuing an individual or group
28 health insurance policy or medical benefits plan in this state providing
29 coverage of the types specified in subdivisions (1), (2), (4), (11) and (12)
30 of section 38a-469 of the general statutes for the (1) solicitation of
31 health care providers, as defined in section 38a-478 of the general
32 statutes, to participate in provider networks of such entities, and (2)
33 maintenance of provider participation in such networks.

34 Sec. 3. (NEW) (*Effective January 1, 2012*) Each insurer, health care
35 center, managed care organization or other entity that delivers, issues
36 for delivery, renews, amends or continues an individual or group
37 health insurance policy or medical benefits plan, or preferred provider
38 network, as defined in section 38a-479aa of the general statutes, that
39 contracts with a health care provider, as defined in section 38a-478 of
40 the general statutes, for the purposes of providing covered health care
41 services to its enrollees, shall maintain a network of such providers
42 that is consistent with the standards established by the National
43 Committee for Quality Assurance's Managed Behavioral Healthcare
44 Organization Standards and Guidelines for quality management and
45 improvement.

46 Sec. 4. Subparagraph (A) of subdivision (1) of subsection (a) of
47 section 38a-226c of the general statutes is repealed and the following is
48 substituted in lieu thereof (*Effective January 1, 2012*):

49 (A) Notification of any prospective determination by the utilization
 50 review company shall be mailed or otherwise communicated to the
 51 provider of record or the enrollee or other appropriate individual
 52 within two business days of the receipt of all information necessary to
 53 complete the review, provided any determination not to certify an
 54 admission, service, procedure or extension of stay shall be in writing.
 55 After a prospective determination that authorizes an admission,
 56 service, procedure or extension of stay has been communicated to the
 57 appropriate individual, based on accurate information from the
 58 provider, the utilization review company [may] shall not reverse such
 59 determination and no insurer, health care center, fraternal benefit
 60 society, hospital service corporation, medical service corporation or
 61 other entity responsible for paying claims shall refuse to pay for such
 62 admission, service, procedure or extension of stay if such admission,
 63 service, procedure or extension of stay has taken place in reliance on
 64 such determination.

65 Sec. 5. (NEW) (*Effective January 1, 2012*) No contract between an
 66 insurer, health care center, fraternal benefit society, hospital service
 67 corporation, medical service corporation or other entity delivering,
 68 issuing for delivery, renewing, amending or continuing an individual
 69 or group dental plan in this state and a dentist licensed pursuant to
 70 chapter 379 of the general statutes shall contain any provision that
 71 requires such dentist to provide services or procedures at a set fee to
 72 such entity's insureds or enrollees, unless such services or procedures
 73 are covered benefits under such insured's or enrollee's dental plan.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2012</i>	38a-816(15)(B)
Sec. 2	<i>January 1, 2012</i>	New section
Sec. 3	<i>January 1, 2012</i>	New section
Sec. 4	<i>January 1, 2012</i>	38a-226c(a)(1)(A)
Sec. 5	<i>January 1, 2012</i>	New section

Statement of Purpose:

To establish standards for contracts between health care providers and insurers.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

Co-Sponsors: SEN. CRISCO, 17th Dist.

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