

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

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SENATE BILL 62*

Short Title: Provider Directories.

(Public)

Sponsors: Senators Wellons, Harris, and Dannelly.

Referred to: Insurance and Consumer Protection.

February 6, 2001

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH STANDARDS FOR MANAGED CARE PROVIDER
DIRECTORIES.

The General Assembly of North Carolina enacts:

SECTION 1. Article 3 of Chapter 58 of the General Statutes is amended by adding a new section to read:

"§ 58-3-245. Provider directories.

(a) As used in this section, 'updated directory information' means:

(1) The current participation status of a provider.

(2) Information known to the insurer indicating that a provider is not currently accepting new patients.

(3) The date, if known to the insurer, of a provider's voluntary or involuntary termination from the network.

(4) Other information included in a printed provider directory.

(b) An insurer that uses a network of contracting health care providers for its health benefit plans shall provide a copy of its current provider directory, including any specialty directories, to all insureds on the effective date of initial coverage and shall make these directories available to current and prospective insureds upon request. Updated directory information reflecting the most current information available to the insurer shall be available to insureds by telephone and may also be made available by other media.

(c) Each directory shall include:

(1) The name, address, telephone number, and area of specialty for each health care provider and facility in its provider network.

(2) An indication of whether the provider:

a. May be selected as a primary care provider.

b. Is or is not currently accepting new patients.

1 c. Has any other restrictions that would limit an insured's access to
2 that provider.

3 (3) Date of publication.

4 (4) Instructions on how a current or prospective insured can obtain
5 information about changes in the provider network or a provider's
6 ability to accept new patients that may have occurred since the most
7 recent printing of the directory.

8 (d) If the insurer expects a provider's participation will terminate within 60 days
9 after the next publication of the directory because the insurer has notified the provider
10 that it will terminate or nonrenew the contract or because the provider has given notice
11 of termination or nonrenewal, the insurer shall indicate in the next directory that the
12 provider's participation may not continue, and that the insurer or provider should be
13 contacted for updated directory information of that provider.

14 (e) The directory shall include all of the types of health care providers with
15 whom the insurer contracts directly or to whom the insurer has access through a contract
16 with an intermediary organization. At a contracting provider's request, the insurer shall
17 also list in the directory the names of any allied health professionals who provide
18 primary care services under the supervision of the contracting provider and whose
19 services are covered by virtue of the carrier's contract with the supervising provider and
20 whose credentials have been verified by the contracting provider. These allied health
21 professionals shall be listed as part of the directory listing for the contracting provider
22 upon receipt of a certification by the contracting provider that the credentials of the
23 allied health professional have been verified.

24 (f) An insurer may maintain separate directories for specialty services, such as
25 mental health, substance abuse, or centers of excellence, but shall make each of its
26 directories available to current and prospective insureds in accordance with this
27 section."

28 **SECTION 2.** If any section or provision of this act is declared
29 unconstitutional, preempted, or otherwise invalid by the courts, it does not affect the
30 validity of the act as a whole or any part other than the part so declared to be
31 unconstitutional, preempted, or otherwise invalid.

32 **SECTION 3.** This act is effective when it becomes law. This act applies to
33 all health benefit plans that are delivered, issued for delivery, or renewed on and after
34 July 1, 2002.