House Bill 789 (AS PASSED HOUSE AND SENATE)

By: Representatives Newton of the 123rd, Jones of the 47th, Hatchett of the 150th, Gaines of the 117th, Wiedower of the 119th, and others

A BILL TO BE ENTITLED

AN ACT

To amend Chapter 20C of Title 33 of the Official Code of Georgia Annotated, relating to accurate provider directories, so as to provide for the creation of a surprise bill rating system based upon the number of certain types of hospital based physician specialty groups within a health insurer's network; to provide for definitions; to provide for a requirement that insurers include health benefit plan surprise bill ratings online and in print provider directories; to provide for a requirement that each insurer that advertises any health benefit plan shall disclose such surprise bill rating within such advertisement; to provide for reporting; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

This Act shall be known and may be cited as the "Surprise Bill Transparency Act."

SECTION 2.

Chapter 20C of Title 33 of the Official Code of Georgia Annotated, relating to accurate provider directories, is amended by revising Code Section 33-20C-1, relating to definitions, as follows:

"33-20C-1.

As used in this chapter, the term:

(1) 'Covered person' means a policyholder, subscriber, enrollee, or other individual participating in a health benefit plan.

(2) 'Facility' means an institution providing physical, mental, or behavioral health care services or a ~~health care~~ healthcare setting, including, but not limited to, hospitals; licensed inpatient centers; ambulatory surgical centers; skilled nursing facilities; residential treatment centers; diagnostic, treatment, or rehabilitation centers; imaging centers; and rehabilitation and other therapeutic health settings.

(3) 'Health benefit plan' means a policy, contract, certificate, or agreement entered into, offered by, or issued by an insurer to provide, deliver, arrange for, pay for, or reimburse any of the costs of ~~health care~~ healthcare services, including a standalone dental plan.

(4) 'Health benefit plan surprise bill rating' means the number of checkmarks and X-marks between zero and four that a health benefit plan's in-network hospital has earned based upon the number of qualified hospital based specialty group types with which such health benefit plan is contracted for the provision of healthcare services. Each checkmark indicates the presence of a in-network particular type of qualified hospital based specialty group. An X-mark indicates the absence of an in-network particular type of qualified hospital based specialty group. If a hospital does not provide one of the qualified hospital based specialties, the absence of that specialty shall be designated by a green N/A mark. Any color advertisement which includes a health benefit plan surprise bill rating shall use green checkmarks, red X-marks, and green N/A marks.

~~(4)~~(5) 'Healthcare professional' ~~'Health care professional'~~ means a physician or other ~~health care~~ healthcare practitioner licensed, accredited, or certified to perform specified physical, mental, or behavioral ~~health care~~ healthcare services consistent with his or her scope of practice under state law.

~~(5)~~(6) 'Healthcare provider' ~~'Health care provider'~~ or 'provider' means a ~~health care~~ healthcare professional, pharmacy, or facility.

~~(6)~~(7) 'Healthcare services' ~~'Health care services'~~ means services for the diagnosis, prevention, treatment, cure, or relief of a physical, mental, or behavioral health condition, illness, injury, or disease, including mental health and substance abuse disorders.

~~(7)~~(8) 'Insurer' means an entity subject to the insurance laws and regulations of this state, or subject to the jurisdiction of the Commissioner, that contracts, offers to contract, or enters into an agreement to provide, deliver, arrange for, pay for, or reimburse any of the costs of ~~health care~~ healthcare services, including an accident and sickness insurance company, a health maintenance organization, a ~~health care~~ healthcare plan, or any other entity providing a health insurance plan, a health benefit plan, or ~~health care~~ healthcare services.

~~(8)~~(9) 'Network' means the group or groups of participating ~~health care~~ healthcare providers providing services under a network plan.

~~(9)~~(10) 'Network plan' means a health benefit plan of an insurer that either requires a covered person to use ~~health care~~ healthcare providers managed by, owned by, under contract with, or employed by the insurer or that creates incentives, including financial incentives, for a covered person to use such ~~health care~~ healthcare providers.

(11) 'Qualified hospital based specialty group' means a medical group of anesthesiologists, pathologists, radiologists, or emergency medicine physicians.

~~(10)~~(12) 'Standalone dental plan' means a plan of an insurer that provides coverage substantially all of which is for treatment of the mouth, including any organ or structure within the mouth, which is provided under a separate policy, certificate, or contract of insurance or is otherwise not an integral part of a group benefit plan.

~~(11)~~(13) 'Tiers' or 'tiered network' means a network that identifies and groups some or all types of providers and facilities into specific groups to which different provider reimbursement, covered person cost sharing, or provider access requirements, or any combination thereof, apply for the same services."

SECTION 2.

Said chapter is further amended by revising Code Section 33-20C-4, relating to information and searchable format for directories and exclusion for dental plans, as follows:

"33-20C-4.

(a) The insurer shall make available through an online provider directory, for each network plan, the following information, in a searchable format:

(1) For ~~health care~~ healthcare professionals:

(A) Name;

(B) Gender;

(C) Contact information;

(D) Participating office location or locations;

(E) Specialty, if applicable;

(F) Board certifications, if applicable;

(G) Medical group affiliations, if applicable;

(H) Participating facility affiliations, if applicable;

(I) Languages spoken other than English by the ~~health care~~ healthcare professional or clinical staff, if applicable;

(J) Tier; and

(K) Whether they are accepting new patients;

(2) For hospitals:

(A) Hospital name;

(B) Hospital type, such as acute, rehabilitation, children's, or cancer;

(C) Participating hospital location;

(D) Hospital accreditation status; ~~and~~

(E) Telephone number; and

(F) Health benefit plan surprise bill rating; and

(3) For facilities other than hospitals:

(A) Facility name;

(B) Facility type;

(C) Types of services performed;

(D) Participating facility location or locations; and

(E) Telephone number.

(b) Paragraphs (2) and (3) of subsection (a) of this Code section shall not apply to standalone dental plans."

SECTION 3.

Said chapter is further amended by revising Code Section 33-20C-5, relating to printed directories, accuracy, and application to stand-alone dental plans, as follows:

"33-20C-5.

(a) The insurer shall make available in print, upon request, the following provider directory information for the applicable network plan:

(1) For ~~health care~~ healthcare professionals:

(A) Name;

(B) Contact information;

(C) Participating office location or locations;

(D) Specialty, if applicable;

(E) Languages spoken other than English, if applicable; and

(F) Whether accepting new patients;

(2) For hospitals:

(A) Hospital name;

(B) Hospital type, such as acute, rehabilitation, children's, or cancer; ~~and~~

(C) Participating hospital location and telephone number; and

(D) Health benefit plan surprise bill rating; and

(3) For facilities other than hospitals:

(A) Facility name;

(B) Facility type;

(C) Types of services performed; and

(D) Participating facility location or locations and telephone number.

(b) The insurer shall include a disclosure in the print directory that the information in subsection (a) of this Code section and included in the directory is accurate as of the date of printing and that covered persons or prospective covered persons should consult the insurer's electronic provider directory on its website or call a specified customer service telephone number to obtain current provider directory information.

(c) Paragraphs (2) and (3) of subsection (a) of this Code section shall not apply to standalone dental plans."

SECTION 4.

Said chapter is further amended by adding a new Code section to read as follows:

"33-20C-7.

(a) Each insurer that advertises or designates any hospital as in-network shall be required to disclose the relevant health benefit plan surprise bill rating within such advertisement, notwithstanding the type or form of such advertisement.

(b) If a health benefit plan surprise bill rating is less than four checkmarks, each insurer advertising a hospital as in-network shall describe which qualified hospital based specialty group types are not contracted with such health benefit plan.

(c) The Commissioner may promulgate rules and regulations which require insurers to provide explanatory footnotes to each health benefit plan surprise bill rating in such special circumstances as the Commissioner may determine to be appropriate.

(d) If an insurer processes a claim on a covered person from an out-of-network qualified hospital based specialty group provider at out-of-network rates, such insurer shall update the relevant health benefit plan surprise bill rating within 30 days to reflect any necessary reduction in such rating.

(e) The Commissioner may submit an annual report to the House Committee on Insurance and the Senate Insurance and Labor Committee beginning January 1, 2022. Such report may include such aggregate data as the Commissioner determines beneficial to share with such committees."

SECTION 5.

This Act shall become effective November 1, 2020.

SECTION 6.

All laws and parts of laws in conflict with this Act are repealed.