

1 AN ACT relating to Medicaid managed care organizations.

2 ***Be it enacted by the General Assembly of the Commonwealth of Kentucky:***

3 ➔Section 1. KRS 304.17A-515 is amended to read as follows:

- 4 (1) A managed care plan shall arrange for a sufficient number and type of primary care  
5 providers and specialists throughout the plan's service area to meet the needs of  
6 enrollees. Each managed care plan shall demonstrate that it offers:
- 7 (a) An adequate number of accessible acute care hospital services, where  
8 physically available;
  - 9 (b) An adequate number of accessible primary care providers, including family  
10 practice and general practice physicians, internists,  
11 obstetricians/gynecologists, and pediatricians, where available;
  - 12 (c) An adequate number of accessible specialists and subspecialists, and when the  
13 specialist needed for a specific condition is not represented on the plan's list of  
14 participating specialists, enrollees have access to nonparticipating health care  
15 providers with prior plan approval;
  - 16 (d) The availability of specialty services; and
  - 17 (e) A provider network that meets the following accessibility requirements:
    - 18 1. For urban areas, a provider network that is available to all persons  
19 enrolled in the plan within thirty (30) miles or thirty (30) minutes of  
20 each person's place of residence or work, to the extent that services are  
21 available; or
    - 22 2. For areas other than urban areas, a provider network that makes  
23 available primary care physician services, hospital services, and  
24 pharmacy services within thirty (30) minutes or thirty (30) miles of each  
25 enrollee's place of residence or work, to the extent those services are  
26 available. All other providers shall be available to all persons enrolled in  
27 the plan within fifty (50) minutes or fifty (50) miles of each enrollee's

1 place of residence or work, to the extent those services are available.

2 (2) A managed care plan shall provide telephone access to the plan during business  
3 hours to ensure plan approval of nonemergency care. A managed care plan shall  
4 provide adequate information to enrollees regarding access to urgent and  
5 emergency care.

6 (3) A managed care plan shall establish reasonable standards for waiting times to  
7 obtain appointments, except as provided for emergency care.

8 **(4) The commissioner shall:**

9 **(a) Examine and otherwise review, at the same frequency and in the same**  
10 **manner as any other managed care organization, each Medicaid managed**  
11 **care organization's compliance with this section; and**

12 **(b) Report the findings of each examination or other review under paragraph**  
13 **(a) of this subsection to the Department for Medicaid Services.**