April 11, 2001

H 1109. MANAGED CARE/PATIENT ACCESS. *TO IMPROVE NORTH CAROLINA'S LAWS PERTAINING TO ACCESS TO EYE CARE PROVIDERS*. Adds new section GS 58-3-245 to require that any health care benefit plan that provides eye or vision care benefits must (1) allow insureds direct access, without prior referral, to the services of providers for all benefits provided under the plan; (2) permit any licensed eye care provider who agrees to abide by terms of plan to serve as a provider under the plan; and (3) permit insureds to choose any licensed eye care provider for benefits allowed under the plan. Provides that an insurer cannot exclude an eye care provider from a network of providers on the basis that the provider lacks hospital privileges or lacks a particular license or certification if the license or certification is not needed to provide covered services. Insurer must establish relevant objective criteria for contracting with providers, must open enrollment into network by new providers at least twice a year, and must complete credentialing process for new providers within 60 days of receipt of required information. Prohibits discrimination against a provider solely on the basis of licensure. Contracts with providers may only be terminated for cause. Effective Oct. 1, 2001.

Intro. by Nye.

Ref. to Insurance	GS 58

April 26, 2001

H 1109. MANAGED CARE/PATIENT ACCESS. Intro. 4/11/01. House amendments make the following changes to 1st edition. Changes definition of “eye care provider” to include only licensed optometrists (was, licensed ophthalmologists as well) who provide services to Medicaid and Medicare recipients as well as other individuals requesting services. Provides that an eye care patient has a right to receive a copy of a contact lens prescription from the provider.