

April 10, 2003

**H 1066. HEALTH PLANS DISCLOSE FEE SCHEDULES/CODING.** *TO FACILITATE THE SUBMISSION OF COMPLETE CLAIMS BY PROVIDERS UNDER HEALTH BENEFIT PLANS BY REQUIRING HEALTH BENEFIT PLANS TO DISCLOSE TO CONTRACT PROVIDERS THE PLANS' FEE SCHEDULES AND MEDICAL AND REIMBURSEMENT POLICIES, AND TO PROVIDE NOTICE TO THE PROVIDER PRIOR TO IMPLEMENTING CHANGES TO THE SCHEDULES OR POLICIES.* As title indicates.

**Intro. by Alexander, C. Wilson.**

Ref. to Insurance	GS 58
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May 1, 2003

**H 1066. HEALTH PLANS DISCLOSE FEE SCHEDULE/CODING.** Intro. 4/10/03. House committee substitute makes the following changes to 1st edition. Completely rewrites GS 58-3-225(n) as follows: (a) Subsection (n)(2) and (3) require that insurer make available to contract providers, and providers offered a contract by an insurer, insurer's schedule of fees associated with the top 30 most commonly billed services or procedures (was, fee schedule), and the full fee schedule upon request. (b) GS 58-3-225(n)(4) clarifies that subsection does not prevent insurers from requiring that providers keep such information confidential. (c) GS 58-3-225(n)(1) requires that insurer provide at least 30 days notice of a change in reimbursement policy or schedule of fees, except that insurer need not give advance notice of change that increases fees, expands health benefit plan coverage, or is made for patient safety reasons. (d) Defines "schedule of fees" and "reimbursement policy" and provides that "insurer" does not include companies that write stand-alone dental insurance. (e) Provides that except for schedules of fees, subsection does not apply to claims processed on a claims adjudication system implemented prior to Jan. 1, 1982, or to claims processed by the Teachers' and State Employees' Comprehensive Major Medical Plan until Dec. 31, 2005. Adds new GS 58-3-191(a)(6) requiring that health benefit plan annually file with Comm'r of Insurance details of requests and information provided to providers under GS 58-3-225(n).

July 16, 2003

**H 1066. HEALTH PLANS DISCLOSE FEE SCHEDULES/CODING.** Intro. 4/10/03. Senate committee substitute makes the following changes to 2nd edition. Reorganizes bill. Deletes proposed GS 58-3-225(n) and adds new GS 58-3-227 containing set of definitions; statement of purpose; requirements for disclosure by insurers to contracted providers of fee schedules, claim submission and reimbursement policies, and changes to such schedules and policies; requirements for disclosure by insurer to provider during contract negotiations; and exemptions to act's requirements. Requires each insurer by effective date to provide to Comm'r of Insurance a written description of procedures to be used to comply with act. Fee schedule disclosure requirements effective Jan. 1, 2004, and applicable to contract issued, renewed, or modified on or after that date, or any fee schedule request made after March 1, 2004, whichever is earlier. Remainder of act effective March 1, 2004. Exemptions expire Jan. 1, 2005.

August 8, 2003

**SL 2003-369 (H 1066). HEALTH PLANS DISCLOSE FEE SCHEDULES/CODING.** *AN ACT TO FACILITATE THE SUBMISSION OF COMPLETE CLAIMS BY PROVIDERS UNDER HEALTH BENEFIT PLANS BY REQUIRING HEALTH BENEFIT PLANS TO DISCLOSE TO CONTRACT PROVIDERS THE PLANS' SCHEDULES OF FEES AND CLAIMS SUBMISSION AND REIMBURSEMENT POLICIES, AND TO PROVIDE NOTICE TO THE PROVIDER PRIOR TO IMPLEMENTING CHANGES TO THE SCHEDULES OR POLICIES.* Summarized in *Daily Bulletin* 4/10/03, 5/1/03, and 7/16/03. Enacted August 1, 2003. Sections 2 and 3 of this act are effective August 1, 2003. Subsection (c) of GS 58-3-227, as enacted by Section 1, is effective January 1, 2004, and applies to the earlier of the following: (i) a contract issued, renewed or modified on or after January 1, 2004; or (ii) any fee schedule request made on or after July 1, 2004. The remainder of this act is effective March 1, 2004. Subsection (i) of GS 58-3-227, as enacted by Section 1 of this act, expires on January 1, 2005.

