

April 10, 2003

H 1107. UTILIZ. REVIEW & GRIEVANCE AMENDMENTS. TO AMEND THE LAW GOVERNING MANAGED CARE UTILIZATION REVIEW AND GRIEVANCE PROCEDURES TO MAKE THEM CONFORM WITH THE UNITED STATES DEPT OF LABOR CLAIM RULES. Deletes the utilization review procedures in GS 58-50-61(f) through (l) and replaces them with the following. Requires health insurers to establish and maintain reasonable claims procedures governing the filing of claims, notification of benefit determinations, and appeal of adverse benefit determinations. Sets forth criteria procedures must meet to be considered reasonable. Sets time periods in which insurers must notify covered persons of benefit determinations. Requires insurers to provide a covered person with written or electronic notification of an adverse benefit determination and sets forth the manner and content of the notification. If the adverse benefit determination pertains to urgent care, the information may be provided orally and followed by written or electronic notification within specified time frames. Requires insurers to establish and maintain procedures for covered persons to appeal adverse benefit determinations to an appropriate named fiduciary of the plan. Sets forth criteria for determining whether claims procedures provide for a full and fair review of an adverse benefit determination. Sets forth timing, manner and content of notification of appeal decision. Provides that grievance process required by GS 58-50-62 is available when a decision, policy, or action of the insurer affects the covered person and is not eligible to be appealed under the new appeal process. Applies same standards applicable to appeals process to most aspects of grievance procedures. Deletes provisions of GS 58-50-62 establishing and governing second-level grievance reviews. Effective Mar. 1, 2004.

Intro. by C. Wilson.

Ref. to Insurance	GS 58
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May 1, 2003

H 1107. UTILIZ. REVIEW & GRIEVANCE AMENDMENTS. Intro. 4/10/30. House committee substitute makes the following changes to 1st edition. Adds requirement that insurer notices about appeal and grievance procedures include reference to possible assistance from Managed Care Patient Assistance Program. Modifies slightly time period within which notification of benefit determination must be made when insurer provides for two appeals of adverse benefit determination. Makes technical changes and adds conforming changes to several additional sections of General Statutes.

July 6, 2004

H 1107. FORTIFY AGAINST UNAUTHORIZED INSURANCE (NEW). Intro. 4/10/03. Senate committee substitute adopted July 1, 2004 makes the following changes to 2nd edition. Replaces existing bill with completely new bill amending GS 58-33-95 to make any person or entity who sells or solicits insurance for an unauthorized insurer strictly liable (was, personally liable) for any losses or unpaid claims not otherwise paid by unauthorized insurer. Enacts new GS 58-33-95(a)(2) and (3), making such solicitations or sales a Class 1 misdemeanor where person or entity does not know that insurer is unauthorized, and a Class H felony if person or entity knew or should have known that insurer is unauthorized. Enacts new GS 58-33-95(b) providing that a civil action or license revocation proceeding may be initiated whether or not a criminal action is brought. Enacts new GS 58-33-46(a)(12a) authorizing Comm'r of Insurance to suspend, revoke or refuse to renew an insurance license if a licensee solicits or sells insurance for an unauthorized insurer. Makes technical changes. Effective Dec. 1, 2004.

August 6, 2004

SL 2004-166 (H 1107). FORTIFY AGAINST UNAUTHORIZED INSURANCE. AN ACT TO CLARIFY THE CIVIL LIABILITY AND INCREASE THE CRIMINAL PENALTY FOR PERSONS WHO REPRESENT UNAUTHORIZED INSURERS AND TO PROVIDE THAT SUCH ACTIVITY IS GROUNDS FOR REVOCATION OF THE LICENSE OF THE INSURANCE AGENT OR BROKER; AND TO LIMIT DIRECT PROCUREMENT OF INSURANCE ONLY THROUGH ELIGIBLE

SURPLUS LINES INSURERS. Summarized in *Daily Bulletin* 7/6/04. Enacted August 2, 2004.
Effective December 1, 2004.