

SB 6470 - DIGEST

Requires the insurance commissioner, in reviewing and approving a health plan, to affirmatively approve the adequacy of the plan's proposed provider network.

Requires a health plan to: (1) Permit an enrollee, under certain circumstances, to petition the plan to cover health care services delivered by an out-of-network provider;

(2) Ensure that an enrollee cost-sharing obligation is included, if certain conditions are met, in the enrollee's in-network deductible and maximum out-of-pocket expenses; and

(3) If the plan is issued or renewed after December 31, 2018, publish and maintain a provider directory with information on contracting providers that deliver health care services to the plan's enrollees.

Prohibits a health carrier, that offers a health plan, from offering to sell the plan to an enrollee or certain others without first offering to provide or providing upon request, information on how to access the plan's provider directory maintained on the plan's web site.