

090126660

HOUSE BILL NO. 2145

Offered January 14, 2009

Prefiled January 13, 2009

A *BILL to amend the Code of Virginia by adding a section numbered 38.2-3407.15:1, relating to health plans providing health care services; electronic access to coverage information.*

 Patron—Nutter

 Referred to Committee on Commerce and Labor

Be it enacted by the General Assembly of Virginia:**1. That the Code of Virginia is amended by adding a section numbered 38.2-3407.15:1 as follows:**

§ 38.2-3407.15:1. Electronic access to coverage information.

A. As used in this section, "carrier," "claim," "enrollee," "health care services," "health plan," "provider," and "provider contract" have the same meanings ascribed thereto in § 38.2-3407.15.

B. Every provider contract entered into, amended, extended, or renewed on or after July 1, 2009, by a carrier shall contain specific provisions that require the carrier to:

1. Make available to providers by the Internet or other electronic medium information sufficient for the provider to determine upon inquiring, in real time, if:

a. The enrollee is eligible for coverage under a health plan of the carrier for which the provider is a member of the provider network or provider panel;

b. The enrollee is known to be covered under a health plan other than one provided by the carrier;

c. The enrollee has submitted to the carrier all required information regarding coordination of benefits; and

d. The carrier has determined that any claim submitted for health care services rendered by the provider to the enrollee is not eligible for payment by the carrier because of coordination of benefits received or not provided to the carrier; and

2. Make available to providers by the Internet or other electronic medium the name of any other carrier or health plan affording coverage to the enrollee of which the carrier is aware, together with all other information necessary to enable the provider to assist the enrollee to complete any coordination of benefits information required by the carrier.

C. No carrier shall be in violation of this section if its failure to comply with this section is caused in material part by the person submitting information electronically to the carrier or if the carrier's compliance is rendered impossible due to matters beyond the carrier's reasonable control (such as an act of God, insurrection, strike, fire, or power outages) that are not caused in material part by the carrier.

D. Any provider who suffers loss as the result of a carrier's violation of this section or a carrier's breach of any provider contract provision required by this section shall be entitled to initiate a civil action in an appropriate court to recover actual damages and reasonable attorney fees.

E. This section shall apply only to carriers subject to regulation under this title.

F. Pursuant to the authority granted by § 38.2-223, the Commission may adopt such regulations as it may deem necessary to implement this section.

G. The Commission shall have no jurisdiction to adjudicate individual controversies arising out of this section.

H. The requirements of subsection B are in addition to, and shall not be construed to limit, the requirements of subdivision B 4 of § 38.2-3407.15 regarding confirmation of whether health care services are a covered benefit and coverage decisions.

I. No claim shall be denied for payment unless a carrier has determined that another carrier is the primary carrier of the enrollee and the name of the primary carrier has been made available to the provider pursuant to this section.

INTRODUCED

HB2145