BULLETIN 16-EX-3

TO: All Insurance Carriers writing Health business in Georgia

FROM: Ralph T. Hudgens, Insurance & Safety Fire Commissioner

DATE: December 8, 2016

RE: Senate Bill 302 Provider Directories

The Department of Insurance has studied Senate Bill 302 and has determined that Rules and Regulations are not needed at this time. However, this bulletin will offer some guidance to common questions regarding provider directories. This guidance reflects our thinking about practical interpretations of the new law.

Initial 2017 Provider Directories

The Department believes the plain reading of the law speaks for itself as to the provider directory content. Insurers and providers should rely on plain language meanings of terms not otherwise newly defined in the Georgia law.

Some insurers participating in federal ACA/QHP markets may have overlapping and more rigorous federal requirements applicable to them in their construction and administration of provider directories. Georgia provider directory law should not be presumed to impose any of these federal requirements upon insurers who operate outside those ACA/QHP product and market boundaries. For example, we had some industry and provider questions about “machine readable” in the context of Georgia’s new law. The special ACA/QHP federal definition of “machine readable” does not apply to the new Georgia law outside of the ACA/QHP required context.

Insurer Provider Directory related Internal Audit Annually

O.C.G.A. Section 33-20C-3(b)(1) describes the requirement for an insurer to conduct at minimum an annual audit of a reasonable sample size of its provider directories for accuracy and to retain such documentation for potential review by the Commissioner. The Department has received questions about the audit process and potential specifications. We do not believe rule language is needed at this time. Our plan is to accept reasonable work efforts by insurers to audit samples and produce accurate directories without further prescriptive requirements by this office.
**Tiering**

The Department has received questions and comments that indicate that there may not be consistent understanding of Senate Bill 302’s new, practical definition of “tiers or tiered network” for provider directory documentation purposes. We invite all to review the definition of tiering in O.C.G.A. Section 33-20C-1(11). Insurers are required to disclose any tiering they use (linked to reimbursement levels, cost sharing, provider access requirements or any combination thereof) in their respective provider directories. A Department rule or regulation would not add clarity to the language already found in Senate Bill 302.

**Scope of Applicability of New Georgia Provider Directory Law**

To the extent that these Georgia law requirements overlap or partially overlap federal ACA/QHP rules, our law won’t be affected. With that said, a broader universe of insurers will need to meet the provider directory law’s new tiering disclosure requirements. Currently only 6 or so health carriers participate in Georgia’s QHP offerings for 2017, whereas a few dozen carriers operate in health or dental or other managed care product lines where provider directory new requirements will apply.

**Provider Contracting between Insurers and Providers during 2017**

Future contracting between insurer and medical providers should take into consideration provisions of Senate Bill 302 regarding information sharing.

**Questions, Comments and Suggestions on potential Rulemaking**

Our office continues to be interested in feedback from the insurance industry, provider organizations and individuals regarding suggestions for effective rulemaking in this area. We invite emails addressed to the Commissioner, but directed to: Thomas F. Carswell, tcarswell@oci.ga.gov, or Lindsay N. Scott, lscott@oci.ga.gov.

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Ralph T. Hudgens  
INSURANCE AND SAFETY FIRE COMMISSIONER  
STATE OF GEORGIA