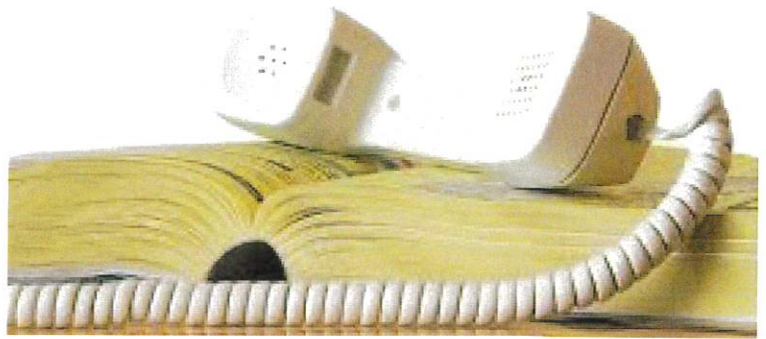


# H.B. 71

## Health Provider Directory and Access Amendments



### BACKGROUND

Insurance companies' provider directories are inaccurate and Utahns pay the price because of it. They have to seek care out-of-network more than three times the national average - paying significantly more out of pocket for care their insurance is required to cover. The state's Office of the Legislative Auditor General conducted an audit of the state's behavioral health workforce last year - finding that **69%** of those providers were "ghost providers" - they appear on paper to be available to patients needing care, but are not. This could be that their patient panels are full, are no longer providing care, or a number of other reasons.

The provider directories that patients rely on to find care using their insurance - sometimes in crises - create a significant barrier to patients getting the care they need.

### WHAT THIS BILL DOES NOT DO

#### **PENALIZE A MENTAL HEALTH PROVIDER**

If an insurer does not receive a response from a provider, it will contact the Insurance Commission to note the inability to contact the provider. The Insurance Commission will send an informational communication to the provider stating that the insurer is attempting to verify the provider's contact information. This letter is not punitive, a citation, a demerit on their professional license, or an indication of misconduct. It will not impact their ability to provide care, their business, or trigger a malpractice insurance claim.

### WHAT THIS BILL DOES

#### **IMPROVED ACCESS TO BEHAVIORAL HEALTH CARE**

Insurers must help patients get behavioral health services quickly. If an in-network provider isn't available within specified timeframes, the insurer must offer a single case agreement with an out-of-network provider so the patient isn't left waiting.

#### **ENSURES NETWORK ACCURACY AND TRANSPARENCY**

Insurers must update them at least every 60 days. These directories must be easy to access, searchable, and publicly available online and include information like contact details and whether providers are accepting new patients.

#### **CREATES A WORKING GROUP FOR A FUTURE CENTRALIZED PROVIDER DATABASE**

A working group convened by Division of Professional Licensing (DOPL) will study the feasibility and cost of a statewide behavioral health provider directory. This group will report back with recommendations - a step toward more comprehensive statewide data for policymakers and the public.

#### **IMPROVE ACCOUNTABILITY**

Utah's Insurance Commissioner can adopt rules and enforce compliance with the bill's requirements, including insurer penalties for noncompliance. Insurers must verify directory information with providers and promptly correct inaccuracies - with trackable, verifiable electronic or mail communication. This boosts directory reliability for patients and referral partners.