

**31A-22-637 Health care provider payment information -- Notice of admissions.**

(1) For purposes of this section, "insurer" is as defined in Section 31A-22-636.

- (2)
- (a) An insurer shall provide its health care providers who are under contract with the insurer access to current information necessary for the health care provider to determine:
    - (i) the effect of procedure codes on payment or compensation before a claim is submitted for a procedure;
    - (ii) the plans and carrier networks that the health care provider is subject to as part of the contract with the carrier; and
    - (iii) in accordance with Subsection 31A-26-301.6(10)(f), the specific rate and terms under which the provider will be paid for health care services.
  - (b) The information required by Subsection (2)(a) may be provided through a website, and if requested by the health care provider, notice of the updated website shall be provided by the carrier.
- (3)
- (a) An insurer may not require a health care provider by contract, reimbursement procedure, or otherwise to notify the insurer of a hospital in-patient emergency admission within a period of time that is less than one business day of the hospital in-patient admission, if compliance with the notification requirement would result in notification by the health care provider on a weekend or federal holiday.
  - (b) Subsection (3)(a) does not prohibit the applicability or administration of other contract provisions between an insurer and a health care provider that require pre-authorization for scheduled in-patient admissions.

Amended by Chapter 297, 2011 General Session