Effective 1/1/2018

Part 1
General Provisions

31A-45-101 Title.

This chapter is known as "Managed Care Organizations."

Enacted by Chapter 292, 2017 General Session

31A-45-102 Definitions.

As used in this chapter:

(1) "Covered benefit" or "benefit" means the health care services to which a covered person is entitled under the terms of a health care insurance plan offered by a managed care organization.

(2) "Managed care organization" means:

(a) a managed care organization as that term is defined in Section 31A-1-301; and

(b) a third party administrator as that term is defined in Section 31A-1-301.

Amended by Chapter 193, 2019 General Session

31A-45-103 Managed care contract standards.

The commissioner shall adopt rules relating to standards for the manner and content of policy provisions, and disclosures to be made in connection with the sale of policies covered by this chapter, dealing with at least the following matters:

(1) terms of renewability;

(2) initial and subsequent conditions of eligibility;

(3) nonduplication of coverage provisions;

(4) coverage of dependents;

(5) termination of insurance;

(6) limitations;

(7) exceptions;

(8) reductions;

(9) definition of terms; and

(10) rating practices.

Enacted by Chapter 292, 2017 General Session