

336 individual patients.

337 (c) (i) The information contained in the medical records of individual patients shall  
338 remain confidential.

339 (ii) All information, interviews, reports, statements, memoranda, or other data  
340 furnished for purposes of the audit and any findings or conclusions of the auditors are  
341 privileged.

342 (iii) The information is not subject to discovery, use, or receipt in evidence in any legal  
343 proceeding except hearings before the commissioner concerning alleged violations of this  
344 section.

345 ~~[(6)(a)]~~ (7) A health care provider or managed care organization may not discriminate  
346 against a network provider for agreeing to a contract under Subsection (2).

347 ~~[(b)(i) Subsections (6)(b) and (c) apply to a managed care organization that is  
348 described in Subsection (3)(b)(i) and do not apply to a managed care organization described in  
349 Subsection (3)(b)(ii).]~~

350 ~~[(ii) A]~~ (8) (a) Except as provided in Subsection (8)(b), ~~H~~→ a ←~~H~~ health care provider  
350a licensed to  
351 treat an illness or injury within the scope of the health care provider's practice, that is willing  
352 and able to meet the terms and conditions established by the managed care organization for  
353 designation as a network provider, shall be able to apply for and receive the designation as a  
354 network provider.

355 (b) Contract terms and conditions may include reasonable ~~[limitations]~~ limits on the  
356 number of designated network providers based upon substantial objective and economic  
357 grounds, or expected use of particular services based upon prior provider-patient profiles.

358 (c) Upon the written request of a provider excluded from a network provider contract,  
359 the commissioner may hold a hearing to determine if the managed care organization's exclusion  
360 of the provider is based on the criteria ~~[set forth in]~~ described in this Subsection ~~[(6)(b)]~~ (8).

361 (9) Subsections (4) and (8):

362 (a) apply to a managed care organization licensed under:

363 (i) Chapter 5, Domestic Stock and Mutual Insurance Corporations;

364 (ii) Chapter 7, Nonprofit Health Service Insurance Corporations; or

365 (iii) Chapter 14, Foreign Insurers; and

366 (b) do not apply to a managed care organization licensed under Chapter 8, Health