



# HOUSE BILL 140: Dental Plans Provider Contracts/Transparency.

2017-2018 General Assembly

<b>Committee:</b>	Senate Health Care. If favorable, re-refer to Rules and Operations of the Senate	<b>Date:</b>	June 27, 2017
<b>Introduced by:</b>	Rep. Bert Jones	<b>Prepared by:</b>	Jason Moran-Bates Staff Attorney
<b>Analysis of:</b>	PCS to First Edition H140-CSBC-8		

**OVERVIEW:** *House Bill 140 would make entities that write stand-alone dental insurance subject to the disclosure and notification provisions for fee schedules, reimbursement policies, and claim submission policies contained in G.S. 58-3-227.*

**CURRENT LAW:** Under G.S. 58-3-227, insurers are required to disclose to medical providers the insurer's fee schedules for the 30 most commonly billed procedures for that class of medical provider. Insurers must also provide information on additional fees, at least once a year, if requested to do so by a medical provider. Information on an insurer's reimbursement and claim submission policies must be disclosed to medical providers as well. If an insurer makes any changes to the fee schedules or reimbursement and claim submission policies, it must provide notice to medical providers at least 30 days in advance. Proposed changes that do not increase fees, expand health benefit plan coverage, or affect patient safety considerations do not require advance notice.

Insurers that write stand-alone dental insurance are exempt from the disclosure and notice requirements of G.S. 58-3-227.

**BILL ANALYSIS:** House Bill 140 would remove the exemption in G.S. 58-3-227 for entities that write stand-alone dental insurance and apply the disclosure and notice requirements of G.S. 58-3-227 to those insurers.

**EFFECTIVE DATE:** This act would become effective October 1, 2017.

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