

## **BULLETIN 2009-01**

### **Reporting of Changes in Health Plan Provider Networks**

**Effective Date: January 20, 2009**

This Bulletin concerns the reporting of changes in health plan provider networks by sickness and accident insurers and health insuring corporations (“health insurers and HICs”) regulated by the Ohio Department of Insurance (“Department”) under Titles 17 or 39 of the Revised Code (“R.C.”). This Bulletin does not apply to health insuring corporations that cover recipients of assistance under the Medicaid program operated under R.C. Chapter 5111 and specialty or supplemental health care services-only providers.

Pursuant to the authority granted to the superintendent of insurance (“Superintendent”) under R.C. 1751.34, 3901.011 and 3901.07, no later than fifteen (15) days prior to notice being sent to a subscriber or insured of the expiration of a contract with a hospital or major physician group, health insurers and HICs regulated by the Department under R.C. Titles 17 or 39 shall provide to the Department’s Office of Risk Assessment a written submission including the following:

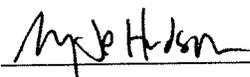
1. The process and procedures by which subscribers or insureds and any affected participating providers will be notified of any impending contract termination and resulting change in the health plan provider network. Copies of written or electronic communications including, but not limited to, letters to be sent to subscribers or insureds and any affected participating providers notifying them of the impending change in network should be attached;
2. The options and rights, including all continuity of care provisions, to be provided to subscribers or insureds; and
3. All company contacts for information and assistance, including telephone numbers and e-mail addresses, to be provided to subscribers or insureds and any affected participating providers.

For purposes of this Bulletin, “participating provider” means a provider that has a health care contract with a health insurer or HIC regulated by the Department under Titles 17 or 39 and is entitled to reimbursement for health care services rendered to a subscriber or insured under the health care contract.

For purposes of this Bulletin, “major physician group” means a physician group that provides services to a large population of the health insurer’s or HIC’s membership in a specific geographic area and/or that receives a substantial portion of its medical reimbursements from the health insurer or HIC.

Health insurers and HICs regulated by the Department under R.C. Titles 17 or 39 may comply with this Bulletin by annually submitting the documentation described above to the Department and subsequently providing the required 15 day notice including written confirmation that the documentation previously filed will be sent to subscribers or insureds and any affected participating providers.

Submission of the above information does not alleviate any obligation of health insurers and HICs regulated by the Department under R.C. Titles 17 or 39 to file any other information, report or statement required by statute or administrative rule.



Mary Jo Hudson  
Superintendent of Insurance