

VERMONT LEGAL AID, INC.

OFFICE OF THE HEALTH CARE ADVOCATE

7 COURT STREET - P.O. Box 606
MONTPELIER, VERMONT 05601
(802) 223-6377 (VOICE AND TTY)
FAX (802) 223-7281
(800) 789-4195

OFFICES:

BURLINGTON
RUTLAND
ST. JOHNSBURY

OFFICES:

MONTPELIER
SPRINGFIELD

To: Senator Claire Ayer, Chair
From: Lila Richardson, Office of the Health care Advocate
RE: Suggested language for S.255
DATE: February 25, 2016

Trinka Kerr said that you have asked for examples of standards in Rule 09-03 Consumer Protection and Quality Requirements for Managed Care Organizations that are important to consumers and that might be the subject of complaints to the Department of Financial Regulation.

The 09-03 requirements for insurers include the following important protections:

1. There are many detailed requirements for network adequacy. The regulations specify how long an insurance company member should have to wait for an appointment with different categories of providers and how far the member should have to travel to access care.
2. There are detailed requirements about any prior authorization process for requested covered services including time limits for making decisions and the credentials of the people making decisions.
3. There are important provisions detailing requirements for continuity of care for consumers who move from one insurer to another including short-term coverage for visits to providers and for services that have been approved by the original insurer
4. There are detailed requirements about information provided to consumers about the plan including benefits covered by the plan, appeal rights and providers currently in the plan network and accepting new patients.
5. There are detailed requirements about appeal processes and time frames that must be in place when a consumer wants to appeal a denial of service.

Please let me know if you need any further information.