
A BILL FOR AN ACT

RELATING TO THE HAWAII HEALTH CONNECTOR.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Section 432F-2, Hawaii Revised Statutes, is
2 amended to read as follows:

3 "~~§~~432F-2~~§~~ **Health care provider network adequacy.** (a)

4 On or before January 1 of each calendar year, each managed care
5 plan shall demonstrate the adequacy of its provider network to
6 the commissioner. A provider network shall be considered
7 adequate if it provides access to sufficient numbers and types
8 of providers to ensure that all covered services will be
9 accessible without unreasonable delay, after taking into
10 consideration geography. The commissioner shall also consider
11 any applicable federal standards on network adequacy. A
12 certification from a national accreditation organization shall
13 create a rebuttable presumption that the network of a managed
14 care plan is adequate. This presumption may be rebutted by
15 evidence submitted to, or collected by, the commissioner.

16 (b) A managed care plan that does not have a certification
17 from a national accreditation organization may submit to the



1 commissioner a plan to become accredited by a national
2 accreditation organization within a period of two years if the
3 managed care plan has provided sufficient evidence that its
4 network is reasonably adequate at the time of submission of the
5 plan. The commissioner shall also consider any applicable
6 federal standards on network adequacy. The commissioner may
7 extend the period of time for accreditation.

8 (c) The commissioner shall approve or disapprove a managed
9 care plan's annual filing on network adequacy. If the
10 commissioner deems the filing incomplete, additional information
11 and supporting documentation may be requested. A managed care
12 plan shall have sixty days to appeal an adverse decision by the
13 commissioner in an administrative hearing pursuant to chapter
14 91.

15 ~~[(d) To enable the commissioner to determine the network~~
16 ~~adequacy for qualified health plans to be listed with the Hawaii~~
17 ~~health connector under section 435H-11, the commissioner may~~
18 ~~request that a managed care plan demonstrate the adequacy of its~~
19 ~~provider network at the time that it files its health plan~~
20 ~~benefit document with the commissioner.~~



1 ~~(e)]~~ (d) This section shall apply to any managed care plan
2 qualified as a prepaid health care plan pursuant to chapter
3 393."

4 SECTION 2. Chapter 435H, Hawaii Revised Statutes, is
5 repealed.

6 SECTION 3. This Act shall take effect upon its approval.



Report Title:

Hawaii Health Connector

Description:

Repeals the Hawaii Health Connector. (HB726 HD2 PROPOSED)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

