HB 1700 - DIGEST

Requires an issuer of a qualified health plan to reimburse a health care provider or a health care facility for all nonfraudulent claims for service provided to an enrollee during a grace period.

Requires the governing board of the state health benefit exchange to certify a plan as a qualified health plan to be offered through the exchange if the plan is determined by the board to ensure adherence to the terms of the contract between the qualified health plan issuer and a health care provider or health care facility.

Requires the state health benefit exchange, before terminating the coverage of an enrollee receiving advance payments of the premium tax credit, to conduct outreach to ensure that enrollees who are late in making premium payments are aware that they may be eligible for medicaid coverage or for an increased subsidy level in the exchange.