

**R590. Insurance, Administration.****R590-237. Access to Health Care Providers in Rural Counties.****R590-237-1. Authority.**

This rule is promulgated pursuant to Subsections 31A-2-201(3)(a) and 31A-45-501(8)(c) wherein the commissioner is empowered to administer and enforce Title 31A, Insurance Code, and make administrative rules to implement Section 31A-45-501.

**R590-237-2. Purpose.**

The purpose of this rule is to

- (1) identify each county in Utah with a population density of less than 100 people per square mile;
- (2) identify independent hospitals in Utah;
- (3) identify federally qualified health centers in Utah; and
- (4) describe how a managed care organization shall:
  - (a) use the information identifying the counties, independent hospitals, and federally qualified health centers described in (1), (2), and (3) above;
  - (b) notify the subscribers, independent hospitals, and federally qualified health centers; and
  - (c) ensure a managed care organization provides the notice required by Subsection 31A-45-501(8)(d)(ii).

**R590-237-3. Applicability and Scope.**

This rule applies to a managed care organization as defined in Subsection 31A-45-102(2).

**R590-237-4. Definitions.**

In addition to the definitions in Sections 31A-1-301, 31A-8-101, and 31A-45-102, the following definitions apply for the purposes of this rule:

- (1) "Board of directors" means the local board of directors for the independent hospital that is directly responsible for the daily policy and financial decisions. A board of directors does not include a corporate board of directors for the entity that owns the independent hospital.
- (2) "Local practice location" means the provider's office where services are rendered.
  - (a) The local practice location is permanently located within a county with a population density of:
    - (i) less than 100 people per square mile prior to December 31, 2000; or
    - (ii) less than 30 people per square mile.
  - (b) The local practice location is within 30 miles of paved roads of:
    - (i) the place where the enrollee lives or resides; or
    - (ii) the location of the independent hospital or federally qualified health center at which the enrollee may receive covered benefits pursuant to Subsections 31A-45-501(2) or 31A-45-501(3).
- (3) "Policy and financial decisions" means the day-to-day decisions made by the local board of directors with regard to an independent hospital's policy and financial solvency.
- (4) "Provider" means a person who:
  - (a) furnishes health care directly to the enrollee; and
  - (b) is licensed or otherwise authorized to furnish the health care in Utah.
- (5) "Referral" means:
  - (a) the request by a health care provider for an item, service, test, or procedure to be performed by another health care provider;
  - (b) the request by a physician for a consultation with another physician; or
  - (c) the request or establishment of a plan of care by a physician.
- (6) "Rural county" means a county with a population density of less than 100 people per square mile.

**R590-237-5. Rural Counties.**

(1) For the purposes of Subsection 31A-45-501(8)(c)(ii)(A), the counties with a population density of less than 100 people per square mile are each county in Utah except Cache, Davis, Salt Lake, Utah, and Weber, as reported by the Utah Office of Vital Statistics, updated February 11, 2019, located at <https://opendata.utah.gov/Government-and-Taxes/Population-Density-By-Land-Area-And-County-In-Utah/bzur-buif>.

(2) For the purposes of Subsection 31A-45-501(2)(b), rural counties where an independent hospital was built prior to December 31, 2000 include each county in Utah except Davis, Salt Lake, Utah, and Weber.

(3) For the purposes of Subsection 31A-45-501(2)(b), rural counties where an independent hospital was built after December 31, 2000 include each county in Utah except Cache, Davis, Salt Lake, Utah, Washington, and Weber.

(4) For the purposes of Subsection 31A-45-501(6)(b)(i), non-contracting provider referrals to non-contracting providers are allowed in each county in Utah except Cache, Davis, Salt Lake, Utah, Washington, and Weber.

**R590-237-6. Independent Hospitals.**

For the purposes of 31A-45-501(8)(c)(ii)(B) each of the following is considered an independent hospital for the purposes of Subsections 31A-45-501(1)(e) and 31A-45-501(2)(b):

- (1) Ashley Regional Medical Center, Vernal, Uintah County, Utah;
- (2) Beaver Valley Hospital, Beaver, Beaver County, Utah;
- (3) Blue Mountain Hospital, Blanding, San Juan County, Utah;
- (4) Castleview Hospital, Price, Carbon County, Utah;
- (5) Central Valley Medical Center, Nephi, Juab County, Utah;
- (6) Gunnison Valley Hospital, Gunnison, Sanpete County, Utah;
- (7) Kane County Hospital, Kanab, Kane County, Utah;
- (8) Milford Valley Memorial Hospital, Milford, Beaver County, Utah;
- (9) Moab Regional Hospital, Moab, Grand County, Utah;
- (10) San Juan Hospital, Monticello, San Juan County, Utah; and
- (11) Uintah Basin Medical Center, Roosevelt, Duchesne County, Utah.

**R590-237-7. Federally Qualified Health Centers.**

For the purposes of Subsection 31A-45-501(8)(c)(ii)(C) each of the following is considered a federally qualified health center for the purposes of Subsection 31A-45-501(3)(b):

- (1) Bear Lake Community Health Center, Garden City, Rich County, Utah;
- (2) Bear River Health Clinic, Tremonton, Box Elder County, Utah;
- (3) Blanding Family Chiropractic, Blanding, San Juan County, Utah;
- (4) Blanding Family Practice Community Health Center, Blanding, San Juan County, Utah;
- (5) Blanding Family Vision Center, Blanding, San Juan County, Utah;
- (6) Box Elder Community Health Center, Brigham City, Box Elder County, Utah;
- (7) Brigham City Community Health Center, Brigham City, Box Elder County, Utah;
- (8) Carbon Medical Service Association -- Helper Clinic, Helper, Carbon County, Utah;
- (9) Carbon Medical Service Association, Sunnyside, Carbon County, Utah;
- (10) Cedar Community Health Center, Cedar City, Iron County, Utah;
- (11) Family Healthcare, Cedar City, Iron County, Utah;
- (12) Green River Medical Center, Green River, Emery County, Utah;
- (13) Kanosh Community Health Center, Kanosh, Millard County, Utah;
- (14) Kazan Memorial Clinic, Escalante, Garfield County, Utah;
- (15) Koosharem Community Health Center, Richfield, Sevier County, Utah;
- (16) Montezuma Creek Community Health Center, Montezuma Creek, San Juan County, Utah;
- (17) Mountainlands Community Health Center, Vernal, Uintah County, Utah;
- (18) Southwest WCHC Mental Health, Panguitch, Garfield County, Utah;
- (19) Wayne Community Health Center, Hanksville, Wayne County, Utah; and
- (20) Wayne Community Health Center, Bicknell, Wayne County, Utah.

**R590-237-8. Rural Health Notification.**

(1) A managed care organization shall provide to a subscriber the notice required by Subsection 31A-45-501(8)(d)(ii) no later than at the time of enrollment or the time the group or individual contract and evidence of coverage are issued and upon request thereafter. The information must be included and easily accessible on the managed care organization's website. When a rural county, independent hospital, or federally qualified health center changes, the managed care organization shall provide an updated notice to each affected subscriber within 30 days of the change.

(2) When an independent hospital or federally qualified health center status changes, a managed care organization shall provide a notice to the independent hospital and federally qualified health center in the managed care organization's service area within 30 days of the change.

**R590-237-9. Penalties.**

A managed care organization found, after a hearing or other regulatory process, to be in violation of this rule shall be subject to penalties as provided under Section 31A-2-308.

**R590-237-10. Severability.**

If any provision of this rule, R590-237, or its application to any person or situation is held invalid, such invalidity does not affect any other provision or application of this rule which can be given effect without the invalid provision or application. The remainder of this rule shall be given effect without the invalid provision or application.

**KEY: health care providers**

**Date of Enactment or Last Substantive Amendment: September 22, 2020**

**Notice of Continuation: August 31, 2016**

**Authorizing, and Implemented or Interpreted Law: 31A-2-201; 31A-45-501**