

**514I.6 Participating insurers.**

Participating insurers shall meet the qualifying standards established by rule under [this chapter](#) and shall perform all of the following functions:

1. Provide plan cards and membership booklets to qualifying families.
2. Provide or reimburse accessible, quality medical or dental services.
3. Require that any plan provided by the participating insurer establishes and maintains a conflict management system that includes methods for both preventing and resolving disputes involving the health or dental care needs of eligible children, and a process for resolution of such disputes.
4. Provide the department with all of the following information pertaining to the participating insurer's plan:
  - a. A list of providers of medical or dental services under the plan.
  - b. Information regarding plan rules relating to referrals to specialists.
  - c. Information regarding the plan's conflict management system.
  - d. Other information as directed by the advisory council.
5. Submit a plan for a health improvement program to the department, for approval by the advisory council.
6. Develop a plan for provider network development including criteria for access to pediatric subspecialty services.
7. Permit any chiropractor licensed under [chapter 151](#) who is located in the geographic coverage area served by the plan and who agrees to abide by the plan's terms, conditions, reimbursement rates, and quality standards to serve as a participating provider in any plan offered to eligible children under [this chapter](#), including but not limited to a limited provider network plan as defined in [section 514C.13](#).

98 Acts, ch 1196, §7, 16; 2003 Acts, ch 108, §131; 2003 Acts, ch 124, §8; 2009 Acts, ch 118, §32, 33; 2010 Acts, ch 1133, §2; 2019 Acts, ch 124, §8; 2024 Acts, ch 1170, §477, 478