DIGEST

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HB 371 Original

2019 Regular Session

Talbot

Abstract: Establishes an independent dispute resolution process for out-of-network health benefit claims in certain circumstances.

<u>Proposed law</u> defines "administrator", "commissioner", "department", "emergency care", "emergency care provider", "emergency medical condition", "enrollee", "facility", "facility-based provider", and "healthcare practitioner".

<u>Proposed law</u> applies to a preferred provider benefit plan offered by an insurer or an administrator of a health benefit plan, other than a health maintenance organization plan.

<u>Proposed law</u> requires the commissioner of insurance to establish an independent dispute resolution process by which a dispute for an out-of-network health benefit claim shall be referred to the division of administrative law for resolution if both of the following apply:

- (1) The amount for which the enrollee is responsible to a facility-based provider or emergency care provider, after copayments, deductibles, and coinsurance, including the amount unpaid by the administrator or insurer, is greater than \$500.
- (2) The health benefit claim is for either emergency care or a healthcare or medical service or supply provided by a facility-based provider in a facility that is a preferred provider or that has a contract with the administrator.

<u>Proposed law</u> exempts a facility-based provider who makes a disclosure of projected out-of-network costs to an enrollee prior to service and obtains the enrollee's written acknowledgment of that disclosure from participating in independent dispute resolution for a billed charge if the amount billed is less than or equal to the maximum amount projected in the disclosure.

<u>Proposed law</u> requires notice of the available independent dispute resolution process to be provided to an enrollee by a healthcare provider or an insurer or administrator for an out-of-network health benefit claim eligible for independent dispute resolution.

<u>Proposed law</u> requires the commissioner of insurance, within five days of receipt of a request for independent dispute resolution, to provide the division of administrative law with a copy of the request and to notify the facility-based provider or emergency care provider and insurer or administrator of the request.

<u>Proposed law</u> prohibits the facility-based provider or emergency care provider, on receipt of notice from the department that an enrollee has made a request for independent dispute resolution, from pursuing any collection effort against the enrollee who has requested independent dispute resolution for amounts other than copayments, deductibles, and coinsurance before the earlier of either the date the independent dispute resolution is completed or the date the request for independent dispute resolution is withdrawn.

<u>Proposed law</u> requires the insurer or administrator to immediately pay the facility-based provider or emergency care provider any additional amounts required to provide for a reimbursement amount not less than 100% of the Medicare rate for the healthcare services rendered by the facility-based provider or emergency care provider, except for the enrollee's copayment, coinsurance, or deductible, if any, and to ensure that the enrollee incurs no greater out-of-pocket costs for the healthcare services than the enrollee would have incurred with an in-network provider.

<u>Proposed law</u> sets forth the criteria for determining a reasonable fee for the services rendered and requires the division of administrative law judge to select either the insurer's or administrator's payment or the out-of-network facility-based provider's or emergency care provider's fee.

<u>Proposed law</u> authorizes the administrative law judge, if a settlement between the insurer or administrator and the facility-based provider or emergency care provider is reasonably likely, or both the insurer's or administrator's payment and the out-of-network facility-based provider's or emergency care provider's fee represent unreasonable extremes, to direct both parties to attempt a good faith negotiation for settlement.

<u>Proposed law</u> provides for the payment of the costs of the independent dispute resolution.

(Adds R.S. 22:2481-2496)