

Regular Session, 2014

HOUSE BILL NO. 895

BY REPRESENTATIVE FANNIN

INSURANCE/HEALTH: Provides relative to balance billing

1 AN ACT

2 To enact R.S. 22:1827, relative to payment of claims for services provided by noncontracted
3 healthcare providers; to provide for definitions; to provide for exemptions; and to
4 provide for related matters.

5 Be it enacted by the Legislature of Louisiana:

6 Section 1. R.S. 22:1827 is hereby enacted to read as follows:

7 §1827. Payment of claims for services provided by noncontracted health care
8 providers

9 A.(1) If a healthcare provider that is not contracted with a health insurance
10 issuer files a claim with the health insurance issuer for services rendered, the health
11 insurance issuer shall directly pay the claim by the noncontracted provider in the
12 amount as determined pursuant to the plan or policy provisions between the enrollee
13 or insured and the health insurance issuer, less any amount representing coinsurance,
14 copayments, deductibles, noncovered services, or any other amounts identified by
15 the health insurance issuer pursuant to the plan or policy provisions, as an amount
16 for which the insured or enrollee is liable. Payment of such claim by the health
17 insurance issuer shall in no circumstances be made directly to the patient, insured,
18 or enrollee.

1 (2) The healthcare provider shall have ninety days following the date the
2 services were provided to seek payment from the health insurance issuer of the
3 recipient of the services provided.

4 (3)(a) If the healthcare provider is paid directly by the health insurance issuer
5 the same amount the issuer would have paid for the services rendered had the issuer
6 contracted with the provider for the services, the provider shall not seek recovery for
7 any additional sums from the recipient of the services provided.

8 (b) If the provider receives a lesser amount in payment directly from the
9 issuer for the services rendered than the provider would have received had the
10 provider contracted with the issuer, the provider may seek payment of the remainder
11 of the amount from the recipient of the services.

12 (4) If the healthcare provider does not seek payment from the health
13 insurance issuer for the services rendered, the provider may seek full payment for the
14 services rendered from the recipient of the services provided.

15 B. For purposes of this Section, "health insurance issuer" means any entity
16 that offers health insurance coverage through a policy or certificate of insurance
17 subject to state law that regulates the business of insurance. The term shall also
18 include a health maintenance organization, as defined and licensed pursuant to
19 Subpart I of Part I of Chapter 2 of this Title, and nonfederal government plans
20 subject to the provisions of Subpart B of this Part and the Office of Group Benefits.

21 C. The provisions of this Section shall not apply to limited benefit health
22 insurance policies or contracts.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

Fannin

HB No. 895

Abstract: Provides that out-of-network healthcare provider who receives directly from the health insurance issuer payment of the same amount the out-of-network provider would have received if in network may not seek payment of remaining balance from the patient.

Proposed law provides that if a health insurance issuer pays the in-network amount for services provided to an insured to an out-of-network healthcare provider, the provider may not seek payment of the remaining balance from the insured.

(Adds R.S. 22:1827)