

Regular Session, 2010

SENATE BILL NO. 125

BY SENATOR ADLEY

HEALTH/ACC INSURANCE. Provide for coverage by contract health care providers at a covered health care facility. (8/15/10)

1 AN ACT

2 To amend and reenact R.S. 22:1874(A)(4) and (B), and to enact R.S. 22:1874(C), relative
3 to billing by contracted health care providers; to provide with respect to health care
4 arrangements provided to health care consumers; and to provide for related matters.

5 Be it enacted by the Legislature of Louisiana:

6 Section 1. R.S. 22:1874(A)(4) and (B) is hereby amended and reenacted and R.S.
7 22:1874(C) is hereby enacted to read as follows:

8 §1874. Billing by contracted health care providers

9 A.(1) * * *

10 (4) A health insurance issuer contracting with a network of providers is
11 obligated to pay to a contracted health care provider the contracted reimbursement
12 rate of the network identified on the member identification card of the enrollee or
13 insured, pursuant to R.S. 40:2203.1, and established by the contract between the
14 network of providers and the contracted health care provider. The payor must
15 comply with all provisions of the specific network contract. ~~To the extent that a~~
16 ~~health insurance issuer does not pay to the health care provider an amount equal to~~
17 ~~the health insurance issuer liability, the contracted health care provider may collect~~

1 the difference between the amount paid by the health insurance issuer and the health
2 insurance issuer liability from the enrollee or insured. Any such collection efforts
3 shall not constitute a violation of this Part.

4 **B. Every contract between a health insurance issuer and a base health**
5 **care facility shall contain provisions that protect the enrollee or insured of the**
6 **health insurance issuer that receives covered health care services from any**
7 **facility-based physician that is contracted with the base health care facility to**
8 **render emergency or non-emergency covered health care services. The contract**
9 **between the health insurance issuer and the base health care facility shall**
10 **include a provision that requires the facility based physician to accept the**
11 **contracted reimbursement rate of the health insurance issuer and that the**
12 **facility based physician shall be prohibited from discount billing, dual billing,**
13 **attempting to collect from, or collecting from an enrollee or insured any amount**
14 **in excess of the contracted reimbursement rate for covered health care services.**
15 **Nothing herein shall prohibit the collection of co-payments, deductibles,**
16 **coinsurance, non-covered health care services or other amounts identified or**
17 **based upon information by the health insurance issuer as the liability of the**
18 **enrollee or insured. This provision of law shall supersede any existing**
19 **provisions or law to the contrary.**

20 ~~B.~~ **C.** No contracted health care provider may maintain any action at law
21 against an enrollee or insured for a health insurance issuer liability or for payment
22 of any amount in excess of the contracted reimbursement rate for such services. In
23 the event of such an action, the prevailing party shall be entitled to recover all costs
24 incurred, including reasonable attorney fees and court costs. However, nothing in
25 this Subsection shall be construed to prohibit a contracted health care provider from
26 maintaining any action at law against an enrolled or insured after a health insurance
27 issuer determines that the health insurance issuer is not liable for health care services
28 rendered.

The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Cheryl Horne.

DIGEST

Present law requires a health insurance issuer contracted with a network of providers to pay a contracted health care provider the contracted reimbursement rate of the network identified on the member identification card.

Proposed law requires every contract between a health insurance issuer and a base health care facility to contain provisions that protect the enrollee or insured of the health insurance issuer that receives health care services from any physician that is contracted with the base health care facility to render emergency or non-emergency covered health care services.

Proposed law requires the contract between the health insurance issuer and the base health care facility to include a provision that requires the facility based physician to accept the contracted reimbursement rate of the insurance issuer. Prohibits the facility based physician from discount billing, dual billing, or excess of the contracted reimbursement rate billing. Requires the collection of co-payments, deductibles, coinsurance, non-covered health care services or other amounts identified as the liability of the enrollee or insured.

Effective August 15, 2010.

(Amends R.S. 22:1874(A)(4) and (B); Adds R.S. 22:1874(C))