

Regular Session, 2010

SENATE BILL NO. 710

BY SENATOR CHEEK

HEALTH/ACC INSURANCE. Requires the health insurance issuer to pay any new provider to the contracted network of providers the contracted reimbursement rate of the network. (8/15/10)

1 AN ACT

2 To enact R.S. 22:1874(A)(5), relative to billing by contracted health care providers; to
3 provide with respect to the payment to any new provider to the contracted network
4 of providers; and to provide for related matters.

5 Be it enacted by the Legislature of Louisiana:

6 Section 1. R.S. 22:1874(A)(5) is hereby enacted to read as follows:

7 §1874. Billing by contracted health care providers

8 A. * * *

9 (5)(a) Under certain circumstances and when the provisions of
10 Subparagraph (b) are met, a health insurance issuer contracting with a group
11 of physicians that bills a health insurance issuer utilizing a group identification
12 number, such as the group federal tax identification number or the group
13 National Provider Identifier as set forth in 45 CFR162.402 et seq., shall pay the
14 contracted reimbursement rate of the physician group for covered health care
15 services rendered by a new physician to the group, without health care provider
16 credentialing as described in R.S. 22:1009. This provision shall apply in either
17 of the following circumstances:

Effective August 15, 2010.

(Adds R.S. 22:1874(A)(5))

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Health and Welfare to the original bill.

1. Removes provisions which require a health insurance issuer contracting with a network of providers that bills a health insurance issuer utilizing a group identification number to pay any new provider to the contracted network of providers, the contracted reimbursement rate of the network for a period of 180 days from the date of the first bill.
2. Removes provision which required the new provider to the network of contracted providers to be credentialed by a contracted base health care facility of the health insurance issuer.
3. Requires that when certain circumstances are met, a health insurance issuer contracting with a group of physicians that bills a health insurance issuer utilizing a group identification number shall pay the contracted reimbursement rate of the physician group for covered health care services rendered by a new physician to the group.
4. Requires compliance by a health insurance issuer no later than 30 days of receipt of a written request from the physician group and provides for the requirements of the written request.