

SENATE SUMMARY OF HOUSE AMENDMENTS

SB 130

2021 Regular Session

Jackson

KEYWORD AND SUMMARY AS RETURNED TO THE SENATE

INSURANCE POLICIES. Provides for payment of health insurance provider claim payment claims. (8/1/21)

SUMMARY OF HOUSE AMENDMENTS TO THE SENATE BILL

1. Make technical changes.

DIGEST OF THE SENATE BILL AS RETURNED TO THE SENATE

SB 130 Reengrossed

2021 Regular Session

Jackson

Proposed law requires if, during the time a health insurance issuer conducts a review or audit for purposes of reconsidering the validity of a claim filed with the issuer and a healthcare provider submits a request either orally or in writing to a health insurance issuer, the health insurance issuer shall provide a copy of all documentation transmitted between the healthcare provider and the health insurance issuer at no cost to the healthcare provider, within two business days of the request. Allows electronic access to the documentation.

Proposed law provides that any health insurance plan, except the La. Medicaid Program, that issued, amended, or renewed on or after January 1, 2022, shall not restrict the method of payment from the health insurance issuer or its vendor to the healthcare provider in which the only acceptable method for healthcare services rendered requires the healthcare provider to pay a transaction fee, provider subscription fee, or any other type of fee or cost in order to accept payment from the health insurance issuer.

Proposed law requires a health insurance issuer initiating or changing payments to a healthcare provider using electronic funds transfer payments to notify a healthcare provider if any fees are associated with a particular payment method and to advise the provider of the available methods of payment and provide instructions to the healthcare provider as to how to select an alternative payment method that does not require payment of a transaction fee, provider subscription fee, or any other type of fee or cost to accept payment from the health insurance issuer.

Proposed law provides that violations of proposed law are deemed unfair methods of competition and subject to provisions regarding unfair or deceptive acts or practices according to present law and such violations of proposed law cannot be waived by contract.

Proposed law provides that proposed law also applies to the Medicaid managed care organizations.

Effective August 1, 2021.

(Adds R.S. 22:1828 and 1964(30) and R.S. 46:460.75)

Thomas L. Tyler
Deputy Chief of Staff