

RÉSUMÉ DIGEST

ACT 14 (HB 480)

2017 Regular Session

Huval

Relative to health insurance, prior law required that an independent review organization renew its license every two years.

New law deletes the requirement to renew the license, and instead provides that the license is valid after it is initially issued until the commissioner determines that the organization is no longer meeting the minimum requirements for the organization or the organization ceases to exist.

New law requires an independent review organization to immediately notify the commissioner of any loss, revocation, or other material change to any accreditation of the organization.

Existing law requires independent review organizations to submit an annual report to the commissioner that includes the total number of requests for external review and the number of requests resolved. Prior law required each organization to pay an annual filing fee when submitting the report.

New law repeals the requirement to submit the annual report, unless requested by the commissioner, and repeals the report filing fee.

Prior law required the commissioner to maintain and periodically update a list of approved independent review organizations. New law repeals this requirement.

Prior law required a health insurance issuer annually certify to the commissioner that its utilization review program complied with all applicable state and federal law establishing confidentiality and reporting requirements. New law repeals this requirement.

Effective August 1, 2017.

(Amends R.S. 22:821(B)(36) and (37), 2440(C), (D)(3), and (E), 2441(E)(1), and 2443;
Repeals 22:2440(F) and 2451)