
DIGEST

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HB 439 Original

2018 Regular Session

Talbot

Abstract: Prohibits balance billing for out-of-network air ambulance services and establishes an independent dispute resolution process for reimbursement claims.

Proposed law establishes legislative findings and the purpose and scope of proposed law.

Proposed law defines "balance billing", "covered person", "disputed air ambulance service provider charge", "health benefit plan", and "registered air ambulance service provider".

Proposed law prohibits a health benefit plan that does not have an adequate network of air ambulance service providers in this state from using an allowed amount for air ambulance reimbursement that is less than the applicable average rates published by registered air ambulance service providers.

Proposed law requires a health benefit plan, if a covered person receives services from a registered air ambulance service provider that is not part of the health benefit plan's network, to assume the covered person's responsibility for amounts charged by the registered air ambulance service provider other than any applicable copayments, coinsurance, and deductibles.

Proposed law prohibits, with the exception of amounts owed for applicable copayments, coinsurance, and deductibles, the registered air ambulance service from doing any of the following in connection with the amount assumed by the health benefit plan:

- (1) Bill, collect, or attempt to collect from the covered person..
- (2) Report to a consumer reporting agency that the covered person is delinquent.
- (3) Obtain a lien on the covered person's property..
- (4) Take any other action adverse to the covered person.

Proposed law requires the health benefit plan to make payment based on any of the following:

- (1) The billed charges of the registered air ambulance service.
- (2) Another amount negotiated with the registered air ambulance service.

- (3) The maximum amount the health benefit plan would pay to an in-network air ambulance service provider for the services performed, unless the plan fails to have an adequate network of air ambulance providers, in which case the average amount as determined by the Dept. of Insurance (DOI).

Proposed law authorizes a health benefit plan or registered air ambulance service provider who disputes the reasonableness of a payment to invoke the independent dispute resolution process established pursuant to proposed law, if good-faith settlement negotiations fail to resolve the dispute.

Proposed law requires DOI to establish and administer a program of independent dispute resolution for disputed air ambulance service charges. Proposed law authorizes DOI to charge any fees necessary to cover the costs of implementation and administration.

Proposed law requires DOI to maintain a list of qualified reviewers.

Proposed law requires an air ambulance service provider wishing to participate in the independent dispute resolution program to register with DOI. Proposed law provides that registration shall automatically renew quarterly unless the registered air ambulance service provider gives notice of the intent to not renew the registration not less than 30 days prior to the end of the quarter.

Proposed law provides that all disputed charges incurred during the quarter of a registered air ambulance service provider's registration shall be subject to independent dispute resolution.

Proposed law requires a registered air ambulance provider to publish the air ambulance transport rates charged by the air ambulance provider in this state and to provide de-identified, itemized billings for each of the air ambulance provider's transports in this state.

Proposed law requires DOI to keep and maintain records of each independent dispute resolution proceeding and to analyze the results of the independent dispute resolution proceedings. Proposed law further requires DOI to publish on its website an annual report concerning statistics of the program.

Proposed law limits the sole issue to be considered and determined in an independent dispute resolution proceeding to the reasonable charge for the air ambulance service provided based upon the overall fixed and variable cost for providing the air ambulance services.

Proposed law permits either the registered air ambulance service provider or the health benefit plan to request adjudication of a disputed charge by submitting a request for independent dispute resolution to DOI.

Proposed law requires DOI, if the parties have not designated an independent reviewer by mutual agreement within 30 days of the request for independent dispute resolution, to select an independent reviewer from the department's list of qualified reviewers.

Proposed law requires an individual acting as an independent reviewer to be knowledgeable and

experienced in applicable principles of contract and insurance law and the healthcare industry generally and prohibits an individual with a conflict of interest that would adversely impact the individual's independence and impartiality.

Proposed law establishes the procedures for an independent dispute resolution proceeding.

Proposed law provides that the decision of the independent reviewer shall be final and binding on the parties and the prevailing party may seek enforcement of the independent reviewer's decision in any court of competent jurisdiction.

Proposed law applies to all new policies, plans, certificates, and contracts issued on or after Jan. 1, 2019. Existing policies, plans, certificates, and contracts shall include the coverage required by proposed law on renewal, but in no case later than Jan. 1, 2019.

(Adds R.S. 22:1885.1-1885.6)