
DIGEST

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HB 556 Original

2018 Regular Session

Talbot

Abstract: Provides for a reimbursement rate for out-of-network claims and requires health insurers to establish a mediation process for the settlement of claims.

Present law requires a health insurance issuer, if a facility-based physician who is a noncontracted provider provides healthcare services in a base healthcare facility to a covered person and files a claim with the health insurance issuer for the facility-based services, to provide the facility-based physician with an explanation of benefits as to any payment determination.

Proposed law repeals present law.

Proposed law establishes a reasonable reimbursement rate for a noncontracted facility-based provider providing healthcare services in a base healthcare facility and provides that payment of a reasonable reimbursement amount either individually or collectively by the health insurance issuer and the covered person has the effect of prohibiting the provider from collecting any additional amount for the healthcare services rendered.

Proposed law requires health insurance issuers to implement a provider mediation process for payment of noncontracted facility-based provider bills for providers objecting to the application of the established payment rate and sets forth minimum requirements for the mediation process.

(Amends R.S. 22:1875, 1880(B)(1) and (D); Adds R.S. 22:1880.1)