
DIGEST

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Greene

HB No. 506

Abstract: Provides notice requirements and procedures for qualified health plan issuers on the exchange for enrollees in a grace period.

Proposed law provides definitions.

Proposed law requires that when a physician, other health care provider, or his representative requests information from a qualified health plan issuer regarding the eligibility of an enrollee, his coverage, plan benefits, status of a claim, or reports a claim in a remittance advice, and the request is made in the 2nd or 3rd month of a grace period, the qualified health plan issuer shall provide the information and identify that the enrollee is in a grace period.

Proposed law provides that the information regarding the enrollee's grace period status is binding on the qualified health plan.

Proposed law further requires that the information be provided through the same medium the information was sought.

Proposed law provides that if a qualified health plan issuer informs a physician or health care provider that an enrollee is eligible for services but does not inform the provider that the enrollee is in a grace period, then the qualified health plan issuer is responsible for paying the claims and he will be unable to recoup payment from the physician or other health care provider.

Proposed law requires that the notice include:

- (1) The purpose of the notice.
- (2) The full legal name of the enrollee and any unique identifying numbers.
- (3) The name of the qualified health plan.
- (4) The unique health plan identifier of the qualified health plan.
- (5) The name of the qualified health plan issuer.
- (6) The specific date upon which the grace period for the enrollee began and the specific date upon which it will expire.

Proposed law requires the qualified health plan issuer to clearly outline on the qualified health plan website whether he will pay any claims during the grace period as well as a statement which indicates if whether and how he will seek recoupment of payment for the payment of such claims.

Proposed law provides that failure to comply with the requirements of proposed law will result in the mandate of the qualified health issuer to pay for any and all claims for services furnished by the physician or health care provider to an enrollee during a grace period.

Proposed law provides that a qualified health plan issuer has up to 60 days after the expiration of the grace period to seek recoupment of services provided during the grace period.

Proposed law prohibits the waiver of any provisions of proposed law by contract.

Proposed law allows a physician or other health care provider to request an injunction in an appropriate court for the enforcement of proposed law.

Proposed law provides that any violation of proposed law shall be considered an unfair trade practice and shall be subject to the appropriate penalties.

Proposed law allows the commissioner of insurance to promulgate any rules and regulations necessary to carry out the provisions of proposed law.

Present law sets forth a list of practices determined to be unfair methods of competition and unfair or deceptive acts or practices in the business of insurance.

Proposed law adds the violation of proposed law to the prohibited practices set forth in present law.

Proposed law provides for severability of its provisions.

(Adds R.S. 22:1964(1)(i) and 1260.31-1260.38)