
DIGEST

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HB 702 Original

2015 Regular Session

Thierry

Abstract: Requires a health insurance issuer to cover contested healthcare services, including prescription drugs, during the appeal or review of an adverse determination.

Present law provides for various levels of review and appeal of adverse determinations by health insurance issuers. Generally defines an adverse determination as the denial, reduction, termination, or failure to pay or provide for a benefit under a covered person's health benefit plan.

Proposed law provides that, notwithstanding any other provision of present law to the contrary, notice of an adverse determination or a final adverse determination shall be provided by a health insurance issuer to a covered person no later than the thirtieth day before the date on which the healthcare services that are the subject of the appeal or review will be discontinued.

Proposed law provides that, notwithstanding any other provision of present law to the contrary, the procedures for appealing any adverse determination shall:

- (1) Require that coverage or benefits for the contested healthcare services, including prescription drugs, that are the subject of the adverse determination continues under the covered person's health benefit plan while the appeal or review is being considered to the same extent and in the same manner as if no adverse determination had been made or upheld.
- (2) Require, without regard to whether the adverse determination is upheld on appeal or review, any health insurance issuer to cover the contested healthcare services, including prescription drugs, received during the period that the appeal was considered to the same extent and in the same manner, including the same benefit level, as if no adverse determination had been made or upheld.
- (3) Prohibit, without regard to whether the adverse determination is upheld on appeal or review, any health insurance issuer from recouping, based upon an adverse determination, any payment made to a healthcare provider pursuant to the continued coverage or benefits specified in proposed law.

Proposed law provides that it shall apply only to an adverse determination made in relation to coverage or benefits under a health benefit plan delivered, issued for delivery, or renewed on or after Jan. 1, 2016, and shall not apply to an adverse determination made in relation to coverage or benefits under a health plan delivered, issued for delivery, or renewed before Jan. 1, 2016.

Effective on January 1, 2016.

(Adds R.S. 22:2396 and 2397)