

2017 Regular Session

HOUSE BILL NO. 480

BY REPRESENTATIVE HUVAL

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

INSURANCE: Provides for the approval of independent review organizations

1 AN ACT

2 To amend and reenact R.S. 22:821(B)(36) and (37), 2440(C), (D)(3), and (E), 2441(E)(1),
3 and 2443 and to repeal R.S. 22:2440(F) and 2451, relative to the Health Insurance
4 Issuer External Review Act; to extend the period during which independent review
5 organizations are approved by the commissioner; to require independent review
6 organizations to immediately notify the commissioner of insurance of any material
7 change to the organization's accreditation; to repeal certain administrative and
8 regulatory requirements related to independent review organizations; to repeal
9 annual reporting fees; and to provide for related matters.

10 Be it enacted by the Legislature of Louisiana:

11 Section 1. R.S. 22:821(B)(36) and (37), 2440(C), (D)(3), and (E), 2441(E)(1), and
12 2443 are hereby amended and reenacted to read as follows:

13 §821. Fees

14 * * *

15 B.

16 * * *

17 (36) Utilization review organization other than a health insurance issuer

18	(a) Application fee.....	\$1,500.00
19	(b) Annual report filing fee.....	\$500.00

20 (37) Independent review organization

1 ~~determination and the number resolved reversing the adverse determination or final~~
2 ~~adverse determination.~~

3 ~~(c) The average length of time for resolution.~~

4 ~~(d) A summary of the types of coverages or cases for which an external~~
5 ~~review was sought, as provided in the format required by the commissioner.~~

6 ~~(e) The number of external reviews conducted pursuant to R.S. 22:2436(G)~~
7 ~~that were terminated as the result of a reconsideration by the health insurance issuer~~
8 ~~of its adverse determination or final adverse determination after the receipt of~~
9 ~~additional information from the covered person or his authorized representative.~~

10 ~~(f) A general description for each request for external review including the~~
11 ~~following:~~

12 ~~(i) A general description of the reason for the request for external review.~~

13 ~~(ii) The date received.~~

14 ~~(iii) The date of each review.~~

15 ~~(iv) The resolution.~~

16 ~~(v) The date of the resolution.~~

17 ~~(vi) The name of the covered person for whom the request for external~~
18 ~~review was filed.~~

19 ~~(g) Any other information that the commissioner may request or require.~~

20 ~~(4) The independent review organization shall retain the written records~~
21 ~~required pursuant to this Subsection for at least three years.~~

22 ~~B.(1) Each health insurance issuer shall maintain written records in the~~
23 ~~aggregate, by state, and for each type of health benefit plan offered by the health~~
24 ~~insurance issuer, for all requests for external review that the health insurance issuer~~
25 ~~receives notice of from the commissioner pursuant to this Part.~~

26 ~~(2) Each health insurance issuer required to maintain written records on all~~
27 ~~requests for external review pursuant to Paragraph (1) of this Subsection shall submit~~
28 ~~to the commissioner, upon request, a report in the format specified by the~~
29 ~~commissioner.~~

1 ~~(3) The report shall include in the aggregate, by state, and by type of health~~
2 ~~benefit plan:~~

3 ~~(a) The total number of requests for external review.~~

4 ~~(b) From the total number of requests for external review reported under~~
5 ~~Subparagraph (a) of this Paragraph, the number of requests determined eligible for~~
6 ~~an external review.~~

7 ~~(c) Any other information the commissioner may request or require.~~

8 ~~(4) The health insurance issuer shall retain the written records required~~
9 ~~pursuant to this Subsection for at least three years.~~

10 Section 2. R.S. 22:2440(F) and 2451 are hereby repealed in their entirety.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 480 Original

2017 Regular Session

Huval

Abstract: Provides that an independent review organization's license remains effective unless the commissioner of insurance determines that the organization is no longer satisfying the minimum qualifications required of independent review organizations or the organization ceases to exist.

Present law requires that an independent review organization renew its license every two years.

Proposed law deletes the requirement to renew the license, and instead provides that 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.

Proposed 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.

Present 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. Present law also requires each organization to pay an annual filing fee when submitting the report.

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

Present law requires the commissioner to maintain and periodically update a list of approved independent review organizations. Proposed law repeals this requirement.

Present law requires a health insurance issuer annually certify to the commissioner that its utilization review program complies with all applicable state and federal law establishing confidentiality and reporting requirements. Proposed law repeals this requirement.

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