2017 Regular Session

HOUSE BILL NO. 480

1

BY REPRESENTATIVE HUVAL

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
19	(b) Annual report filing fee
20	(37) Independent review organization
21	(a) Application fee

AN ACT

Page 1 of 5

CODING: Words in struck through type are deletions from existing law; words <u>underscored</u> are additions.

HB NO. 480	ENROLLEI

1	(b) Annual filing fee
2	* * *
3	§2440. Approval of independent review organizations
4	* * *
5	C. The commissioner shall develop an application form for initially
6	approving and for re-approving independent review organizations to conduct
7	external reviews.
8	D.
9	* * *
10	(3) The commissioner shall charge an application fee as specified in R.S.
1	22:821(37) that independent review organizations shall submit to the commissioner
12	with an application for approval or re-approval.
13	E.(1) An approval shall be remain effective for two years, unless the
14	commissioner determines before its expiration that the independent review
15	organization is not satisfying the minimum qualifications provided for by R.S.
16	22:2441, or if the independent review organization gives notice of intent to cease
17	operations. An application for renewal shall be submitted not less than sixty days
18	prior to the expiration of such approval, shall be made on a form provided by the
19	commissioner, and shall be accompanied by the fee required by R.S. 22:821(37).
20	(2) Whenever the commissioner determines that an independent review
21	organization has lost its accreditation or no longer satisfies the minimum
22	requirements established under R.S. 22:2441, the commissioner shall terminate the
23	approval of the independent review organization. and remove the independent review
24	organization from the list of independent review organizations approved to conduct
25	external reviews under this Part that is maintained by the commissioner pursuant to

Subsection F of this Section.

26

HB NO. 480 ENROLLED

§2441. Minimum qualifications for independent review organizations

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E.(1) An independent review organization that is accredited by a nationally recognized private accrediting entity that has independent review accreditation standards that the commissioner has determined are equivalent to or exceed the minimum qualifications of this Section shall be presumed in compliance with this Section and be eligible for approval pursuant to R.S. 22:2440. An independent review organization submitting proof of accreditation in support of an application for approval shall immediately inform the commissioner of any subsequent loss, revocation, or other material change to any accreditation.

* * *

§2443. External review reporting requirements

A.(1) An independent review organization assigned pursuant to R.S. 22:2436 through 2438 to conduct an external review shall maintain written records in the aggregate, by state, and by health insurance issuer on all requests for external review for which it conducted an external review during a calendar year and, upon request, submit a an annual report to the commissioner, as required by Paragraph (2) of this Subsection.

- (2) Each independent review organization required to maintain written records on all requests for external review pursuant to Paragraph (1) of this Subsection for which it was assigned to conduct an external review shall submit to the commissioner an annual report. The annual report shall include each of the following:
 - (a) The total number of requests for external review.
 - (b) The number of requests for external review resolved and their resolution.
 - (c) A synopsis of actions being taken to correct problems identified.
- (3) The report shall include in the aggregate, by state, and for each health insurance issuer:
 - (a) The total number of requests for external review.

HB NO. 480 ENROLLED

(b) The number of requests for external review resolved and, of those

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2	resolved, the number resolved upholding the adverse determination or final adverse
3	determination and the number resolved reversing the adverse determination or final
4	adverse determination.
5	(c) The average length of time for resolution.
6	(d) A summary of the types of coverages or cases for which an external
7	review was sought, as provided in the format required by the commissioner.
8	(e) The number of external reviews conducted pursuant to R.S. 22:2436(G)
9	that were terminated as the result of a reconsideration by the health insurance issuer
10	of its adverse determination or final adverse determination after the receipt of
11	additional information from the covered person or his authorized representative.
12	(f) A general description for each request for external review including the
13	following:
14	(i) A general description of the reason for the request for external review.
15	(ii) The date received.
16	(iii) The date of each review.
17	(iv) The resolution.
18	(v) The date of the resolution.
19	(vi) The name of the covered person for whom the request for external
20	review was filed.
21	(g) Any other information that the commissioner may request or require.
22	(4) The independent review organization shall retain the written records
23	required pursuant to this Subsection for at least three years.
24	B.(1) Each health insurance issuer shall maintain written records in the
25	aggregate, by state, and for each type of health benefit plan offered by the health
26	insurance issuer, for all requests for external review that the health insurance issuer
27	receives notice of from the commissioner pursuant to this Part.
28	(2) Each health insurance issuer required to maintain written records on all

1 to the commissioner, upon request, a report in the format specified by the 2 commissioner. 3 (3) The report shall include in the aggregate, by state, and by type of health 4 benefit plan: 5 (a) The total number of requests for external review. 6 (b) From the total number of requests for external review reported under 7 Subparagraph (a) of this Paragraph, the number of requests determined eligible for 8 an external review. 9 (c) Any other information the commissioner may request or require. 10 (4) The health insurance issuer shall retain the written records required 11 pursuant to this Subsection for at least three years. 12 Section 2. R.S. 22:2440(F) and 2451 are hereby repealed in their entirety. SPEAKER OF THE HOUSE OF REPRESENTATIVES PRESIDENT OF THE SENATE GOVERNOR OF THE STATE OF LOUISIANA

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HB NO. 480

APPROVED: _____