

2018 Regular Session

HOUSE BILL NO. 824

BY REPRESENTATIVE TALBOT

INSURANCE/HEALTH: Provides relative to facility disclosure requirements

1 AN ACT

2 To amend and reenact R.S. 22:1880(C) and (E) and to enact R.S. 22:1880(F), relative to  
3 balance billing facility disclosure requirements; to require a healthcare facility to  
4 provide a list of out-of-network providers to a patient; to require notice to insureds  
5 of possible balance billing for services provided at a healthcare facility; to require  
6 the posting of information on the facility's website; and to provide for related  
7 matters.

8 Be it enacted by the Legislature of Louisiana:

9 Section 1. R.S. 22:1880(C) and (E) are hereby amended and reenacted and R.S.  
10 22:1880(F) is hereby enacted to read as follows:

11 §1880. Balance billing disclosure

12 \* \* \*

13 C. Facility disclosure requirements. Each healthcare facility not providing  
14 surgical services shall do all of the following:

15 (1) Provide a written notice to an enrollee or insured at the first registration  
16 contact with the enrollee or insured at the healthcare facility regarding  
17 nonemergency services. A copy of the written notice shall be signed by the enrollee  
18 or insured and be maintained by the healthcare facility. The written notice shall  
19 disclose all of the following ~~items:~~ information:

1 (a) Confirmation as to whether the facility is a participating provider  
2 contracted with the enrollee's or insured's health insurance issuer on the date services  
3 are to be rendered, based on the information received from the enrollee or insured  
4 at the time the confirmation is provided.

5 (b) The following balance billing disclosure notice in minimum ~~12~~ twelve  
6 point typeface:

7 "NOTICE

8 Professional services rendered by independent healthcare professionals are  
9 not part of the hospital bill. These services will be billed to the patient separately.  
10 Please understand that physicians or other healthcare professionals may be called  
11 upon to provide care or services to you or on your behalf, but you may not actually  
12 see, or be examined by, all physicians or healthcare professionals participating in  
13 your care; for example, you may not see physicians providing radiology, pathology,  
14 and EKG interpretation. In many instances, there will be a separate charge for  
15 professional services rendered by physicians to you or on your behalf, and you will  
16 receive a bill for these professional services that is separate from the bill for hospital  
17 services. These independent healthcare professionals may not participate in your  
18 health plan and you may be responsible for payment of all or part of the fees for the  
19 services provided by these physicians who have provided out-of-network services,  
20 in addition to applicable amounts due for copayments, coinsurance, deductibles, and  
21 ~~non-covered~~ noncovered services.

22 We encourage you to contact your health plan to determine whether the  
23 independent healthcare professionals are participating with your health plan. In  
24 order to obtain the most accurate and up-to-date information about in-network and  
25 out-of-network independent healthcare professionals, please contact the customer  
26 service number of your health plan or visit its website. Your health plan is the  
27 primary source of information on its provider network and benefits. To help you  
28 determine whether the independent healthcare professionals who provide services  
29 at this facility are participating with your health plan, this healthcare facility has

1 provided you with a complete list of the names and contact information for each  
2 individual or group."

3 (2) Provide a list to the enrollee or insured that contains the name and  
4 contact information for each individual or group of hospital-contracted  
5 anesthesiologists, pathologists, radiologists, hospitalists, intensivists, and  
6 neonatologists who provide services at that facility and inform the enrollee or  
7 insured that the enrollee or insured may request information from ~~their~~ the enrollee's  
8 or insured's health insurance issuer as to whether those physicians are contracted  
9 with the health insurance issuer and under what circumstances the enrollee or insured  
10 may be responsible for payment of any amounts not paid by the health insurance  
11 issuer.

12 (3) If the facility operates a website that includes a listing of physicians who  
13 have been granted medical staff privileges to provide medical services at the facility,  
14 post on the facility's website a list that contains the name and contact information for  
15 each facility-based physician or facility-based physician group that has been granted  
16 medical staff privileges to provide medical services at the facility, and an update of  
17 the list within thirty days of any changes.

18 (4) If a facility meets the definition of a provider-based entity, as defined by  
19 42 CFR 413.65, and the facility is located off of the main hospital campus the facility  
20 shall disclose to the enrollee or insured the following:

21 (a) That the enrollee or insured is receiving services in a hospital-based  
22 outpatient facility where the facility provides the use of the facility, medical, or  
23 technical equipment, supplies, staff, and services.

24 (b) That depending on the enrollee's or insured's health insurance benefit  
25 plan and the actual services furnished by the facility, the patient may receive a  
26 facility charge billed separately from the physician that covers the fees for the use  
27 of the facility, medical, or technical equipment, supplies, staff, and services.

28 \* \* \*

CODING: Words in ~~struck through~~ type are deletions from existing law; words underscored are additions.

1           E. Facility disclosure requirements prior to nonemergency surgery. Each  
2 healthcare facility providing surgical services shall do all of the following:

3           (1) Provide a written notice to an enrollee or insured no later than seventy-  
4 two hours prior to the scheduled date of a nonemergency surgical procedure. A copy  
5 of the written notice shall be signed by the enrollee or insured and be maintained by  
6 the healthcare facility. The written notice shall disclose all of the following  
7 information:

8           (a) Confirmation as to whether the facility is a participating provider  
9 contracted with the enrollee's or insured's health insurance issuer on the date services  
10 are to be rendered, based on the information received from the enrollee or insured  
11 at the time the confirmation is provided.

12           (b) The following balance billing disclosure notice:

13   "NOTICE

14           Professional services rendered by independent healthcare professionals are  
15 not part of the hospital bill. These services will be billed to the patient separately.  
16 Please understand that physicians or other healthcare professionals may be called  
17 upon to provide care or services to you or on your behalf, but you may not actually  
18 see, or be examined by, all physicians or healthcare professionals participating in  
19 your care; for example, you may not see physicians providing radiology, pathology,  
20 and EKG interpretation. In many instances, there will be a separate charge for  
21 professional services rendered by physicians to you or on your behalf, and you will  
22 receive a bill for these professional services that is separate from the bill for hospital  
23 services. These independent healthcare professionals may not participate in your  
24 health plan and you may be responsible for payment of all or part of the fees for the  
25 services provided by these physicians who have provided out-of-network services,  
26 in addition to applicable amounts due for copayments, coinsurance, deductibles, and  
27 noncovered services.

28           We encourage you to contact your health plan to determine whether the  
29 independent healthcare professionals are participating with your health plan. In

1 order to obtain the most accurate and up-to-date information about in-network and  
2 out-of-network independent healthcare professionals, please contact the customer  
3 service number of your health plan or visit its website. Your health plan is the  
4 primary source of information on its provider network and benefits. To help you  
5 determine whether the independent healthcare professionals who provide services  
6 at this facility are participating with your health plan, this healthcare facility has  
7 provided you with a complete list of the names and contact information for each  
8 individual or group."

9 (c) A list of all facility-based providers who will be providing services  
10 during the surgical procedure but whose services are not included in the fee charged  
11 by the healthcare facility and who will bill the enrollee or insured separately.

12 (2) Provide a list, upon request from an enrollee or insured, that contains the  
13 name and contact information for each individual or group of hospital-contracted  
14 anesthesiologists, pathologists, radiologists, hospitalists, intensivists, and  
15 neonatologists who provide services at that facility and inform the enrollee or  
16 insured that the enrollee or insured may request information from the enrollee's or  
17 insured's health insurance issuer as to whether those providers are contracted with  
18 the health insurance issuer and under what circumstances the enrollee or insured may  
19 be responsible for payment of any amounts not paid by the health insurance issuer.

20 (3) If the facility operates a website that includes a listing of providers who  
21 have been granted medical staff privileges to provide medical services at the facility,  
22 post on the facility's website a list that contains the name and contact information for  
23 each facility-based provider or facility-based provider group that has been granted  
24 medical staff privileges to provide medical services at the facility, and an update of  
25 the list within thirty days of any changes.

26 F. The provisions of this Section shall be enforced in accordance with R.S.  
27 22:1879(D) and (E).

---

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 824 Original

2018 Regular Session

Talbot

**Abstract:** Requires a healthcare facility, at least 72 hours prior to the scheduled date of a nonemergency surgery, to advise a patient of the potential use of out-of-network providers.

Present law requires a healthcare facility, at the first registration contact with a patient, to provide a written notice to the patient regarding the possibility of services being rendered to the patient by facility-based providers who are out-of-network providers. Present law further requires that the patient be informed in the written notice that the patient may be responsible for all or part of the fees for out-of-network services.

Proposed law limits present law to facilities not providing surgical services.

Proposed law requires a healthcare facility providing surgical services, at least 72 hours prior to a scheduled nonemergency surgery, to provide a written notice to the patient regarding the possibility of services being rendered to the patient by facility-based providers who are out-of-network providers and a list of all providers who will be providing services during the surgical procedure whose fees are not included in the fees charged by the facility. Proposed law further requires that the patient be informed in the written notice that the patient may be responsible for all or part of the fees for out-of-network services.

(Amends R.S. 22:1880(C) and (E); Adds R.S. 22:1880(F))