
DIGEST

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HB 875 Original

2018 Regular Session

Talbot

Abstract: Requires the posting and regular updating of a directory of a health insurance issuer's network of providers.

Present law requires a health insurance issuer to maintain a directory of its network of providers on the internet and to identify all healthcare providers that are not accepting new referrals of covered persons or are not offering services to covered persons.

Proposed law requires a health insurance issuer to maintain a directory of its network of providers on the internet that includes the name, specialty, if any, street address, and telephone number of each healthcare provider and indicates whether the provider is accepting new patients.

Proposed law requires the directory to be both electronically searchable by name, specialty, and location and publicly accessible without necessity of providing a password, a user name, or personally identifiable information.

Proposed law requires the health insurance issuer to conduct an ongoing review of the directory and correct or update the information as necessary not less than once every five business days. Proposed law further requires the health insurance issuer to update the directory not later than four business days after either of the following:

- (1) The effective date of a provider's contract with the health insurance issuer to list the provider.
- (2) The effective date of termination of a provider's contract with the health insurance issuer to remove the provider.

Proposed law requires an email address and a toll-free telephone number to which any individual may report any inaccuracy in the directory to be conspicuously displayed in the directory.

Proposed law requires an issuer who receives a report that specifically identified directory information may be inaccurate to investigate the report and make any necessary corrections not later than the second business day after the date the report is received if the report concerns the representation of the network participation status of the provider or the fifth business day after the date the report is received if the report concerns any other type of information in the directory.

Proposed law requires a health insurance issuer who receives three or more reports in any 30-day period that allege the issuer's directory inaccurately represents a provider's network participation

status and are confirmed by the issuer's investigation to immediately report that occurrence to the commissioner of insurance.

Proposed law requires the commissioner to investigate the health insurance issuer's compliance with proposed law.

Proposed law authorizes the Dept. of Insurance to collect an assessment in an amount determined by the commissioner from the health insurance issuer at the time of the investigation to cover all expenses attributable directly to the investigation, including the salaries and expenses of department employees and all reasonable expenses of the department necessary for the administration of proposed law.

Present law requires the directory of network providers to be furnished in printed form to any covered person upon request.

Proposed law retains present law.

Effective Jan. 1, 2019.

(Amends R.S. 22:1873(B)(4) and 1879(B)(3); Adds R.S. 22:1020.1-1020.6; Repeals R.S. 22:1019.2(B)(4))