DIGEST

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SB 109 Reengrossed 2023 Regular Session Talbot

Proposed law defines "ambulance provider", "clean claim", "covered services", "enrollee", "healthcare benefit plan", "healthcare insurer", and "out-of-network".

Proposed law requires the minimum allowable reimbursement rate under any healthcare benefit plan issued by a healthcare insurer to an out-of-network ambulance provider to be one of the following:

(1) At the rate set or approved, whether in contract or ordinance, by a local governmental entity in the jurisdiction in which the covered healthcare services originate or as provided in present law (R.S. 33:4791).

(2) 325% of the current published rate for ambulance services as established by the Centers for Medicare and Medicaid Services for the same service provided in the same geographic area or the ambulance provider's billed charges, whichever is less.

Payment made in compliance with proposed law is considered payment in full for the covered services provided, excluding any copayment, coinsurance, deductible, and other cost-sharing amounts required to be paid by the enrollee.

Proposed law prohibits an ambulance provider from billing the enrollee for any additional amounts for paid covered services.

Proposed law prohibits all copayment, coinsurance, deductible, and other cost-sharing amounts from exceeding the in-network amounts for covered healthcare services received by the enrollee.

Proposed law requires a healthcare insurer to promptly remit payment for ambulance services directly to the ambulance provider within 30 days after receipt of a clean claim for covered services. Further prohibits the healthcare insurer from sending payment to an enrollee.

Proposed law provides that if a claim is not a clean claim, the healthcare insurer is required, within 30 days after receipt of the claim, to send a written notice to the provider acknowledging the date of the receipt of the claim. Further requires the healthcare insurer to state one of the following:

(1) That the insurer is declining to pay all or part of the claim and the specific reason or reasons for the denial.

(2) That additional information is necessary to determine if all or part of the claim is payable and the specific additional information that is required.

Effective upon appropriation of monies by the legislature for the implementation of proposed law.

(Adds R.S. 22:1880.2)

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Insurance to the original bill

1. Provides an air ambulance is not included as an ambulance service provider.

2. Provides definitions for a "clean claim" and "covered services".

3. Makes technical changes.

Senate Floor Amendments to engrossed bill

1. Changes the definition name from "ambulance service provider" to "ambulance provider".

2. Makes technical changes.

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Insurance to the reengrossed bill:

1. Make technical changes.

The Committee Amendments Proposed by House Committee on Appropriations to the reengrossed bill:

1. Make effectiveness of proposed law subject to appropriation of monies by the legislature for the implementation of proposed law.