
DIGEST

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HB 194 Engrossed

2018 Regular Session

Howard

Abstract: Prohibits the recoupment of a health insurance claim payment more than 18 months after the initial claim was paid.

Present law provides that a health insurance issuer that prescribes the period of time for a healthcare provider to submit a claim for payment shall have the same prescribed period of time following payment of the claim to perform any review or audit to reconsider the validity of the claim.

Proposed law retains present law subject to the limitation of proposed law.

Proposed law prohibits a health insurance issuer from retroactively denying, adjusting, or seeking recoupment or refund of a paid claim submitted by a healthcare provider for services rendered in good faith and pursuant to the benefit plan for any reason after the expiration of 18 months from the date the initial claim was paid.

Proposed law shall not be construed to supersede any provision of present law that prescribes a time period less than 18 months for the retroactive denial of payment or recoupment of monies paid for a claim or the reconsideration of the validity of a claim.

(Amends R.S. 22:1834(C) and 1838(F); Adds R.S. 22:1838(G))

Summary of Amendments Adopted by House

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

1. Extend the time period from one year to 18 months.
2. Clarify that present law relative to time limits for reviewing a paid claim is subject to the limitation in proposed law.
3. Specify that the limitation only applies to claims made in good faith and subject to the benefit plan.
4. Make technical changes.