

Prohibits identification of individuals who are the subject of health information records in the custody of the Department of Insurance (DOI) utilizing the same list of identifiers listed in the privacy rules for identification under the Health Insurance Portability and Accountability Act of 1996 and any amendments thereto and the privacy rules for identification under the Health Information Technology for Economic and Clinical Health Act of 2009 and any amendments thereto in response to a public records request.

Provides that it is sufficient for the commissioner to report complaints against persons and entities under the jurisdiction of DOI by utilizing the same National Association of Insurance Commissioners (NAIC) Complaint Database System (CDS) categorical descriptors and any categorical DOI descriptors unique to the state of Louisiana used by DOI in its routine reporting to the NAIC CDS. Any other unique categorical descriptors used by the DOI (i.e., response of the respondent) will also be provided with information about complaints against persons and entities under the jurisdiction of DOI.

Requires complaint reporting of all persons and entities subject to jurisdiction of DOI rather than only of insurers and companies.

Provides requirements for compliance with new law for complaint reporting and the utilization of categorical descriptors established by the NAIC CDS.

Specifically adds type of coverage as a categorical descriptor for complaint reporting under new law.

Provides that it is sufficient for the commissioner to report complaints against persons and entities under the jurisdiction of the department by utilizing the NAIC CDS categorical descriptors which DOI Information Technology Office is now equipped to utilize and has mapped to and is pre-staged for implementation with NAIC CDS on a projected completion date of no later than January 2013.

Includes examples of categorical descriptors for "completion of corrective action" such as: policy reinstated, credit report reordered, corrective action plan submitted to and approved by insurance department, surcharge removed, audit redone, company paid claim, company reinstated policy, company or producer refunded premium, the company allowed service as in-network or the company updated system to reflect updated CPT codes.

Provides that the retention period for records of complaints and the records utilizing the database is no less than three calendar years.

Provides that the computer program employed by the commissioner shall, at a minimum, be able to sort the information in this database on any of the fields described in new law and print a written report no later than 60 days from the effective date of new law.

Provides that where there was a final disposition of a complaint prior to the effective date of new law and the record of that complaint is in the custody of the department, it shall be sufficient for the commissioner to report the information required under new law utilizing the database described in new law. Further provides that it shall not be necessary for those records of complaints to be reviewed for the purpose of applying new categorical descriptors or for new categorical descriptors to be applied to those complaints.

Effective upon signature of the governor (June 7, 2012).

(Amends R.S. 22:42.1 and 43(A) and (B))