

New law provides notice requirements and procedures for qualified health plan issuers on the health insurance exchange for enrollees in a grace period.

New law provides definitions.

New law requires that when a physician, other healthcare provider, or his representative requests information from a qualified health plan issuer regarding the eligibility of an enrollee, his coverage, plan benefits, status of a claim, or reports a claim in a remittance advice, and the request is made in the second or third month of a grace period, the qualified health plan issuer shall provide the information and identify that the enrollee is in a grace period.

New law provides that the information regarding the enrollee's grace period status is binding on the qualified health plan.

New law further requires that the information be provided through the same medium the information was sought or be provided on the qualified health plan issuer's website or by the method the provider who requested the information normally receives claims remittance advice information.

New law provides that if a qualified healthplan issuer informs a physician or healthcare provider that an enrollee is eligible for services but does not inform the provider that the enrollee is in a grace period, then the qualified healthplan issuer is responsible for paying the claims and he will be unable to recoup payment from the physician or other healthcare provider.

New law requires that the notice include:

- (1) The purpose of the notice.
- (2) The full legal name of the enrollee and any unique identifying numbers.
- (3) The name of the qualified health plan.
- (4) The unique health plan identifier of the qualified health plan.
- (5) The name of the qualified healthplan issuer.
- (6) The specific date upon which the grace period for the enrollee began and the specific date upon which it will expire.

New law requires the qualified health plan issuer to clearly outline on the qualified healthplan website whether it will pay any claims during the grace period as well as a statement which indicates if whether and how it will seek recoupment of payment for the payment of such claims.

New law provides that failure to comply with the requirements of new law will result in the mandate of the qualified health issuer to pay for any and all covered claims for services furnished by the physician or healthcare provider to an enrollee during a grace period in accordance with the terms of the qualified health plan.

New law provides that a qualified health plan issuer has up to 60 days after the expiration of the grace period to seek recoupment of services provided during the grace period.

New law prohibits the waiver of any provisions of new law by contract.

New law allows a physician or other healthcare provider to request an injunction in an appropriate court for the enforcement of new law.

New law allows the commissioner of insurance to promulgate any rules and regulations necessary to carry out the provisions of new law.

New law provides for severability of its provisions.

Effective Aug. 1, 2014.

(Adds R.S. 22:1260.31-1260.38)