

2018 Regular Session

HOUSE BILL NO. 194

BY REPRESENTATIVE HOWARD

INSURANCE/HEALTH: Provides a time period after payment of a claim during which an insurer may dispute and recoup the amount paid

1 AN ACT

2 To amend and reenact R.S. 22:1834(C) and 1838(F) and to enact R.S. 22:1838(G), relative
3 to recoupment of health insurance claims payments; to prohibit recoupments after
4 the expiration of eighteen months from the date the initial claim was paid; to provide
5 for applicability; and to provide for related matters.

6 Be it enacted by the Legislature of Louisiana:

7 Section 1. R.S. 22:1834(C) and 1838(F) are hereby amended and reenacted and R.S.
8 22:1838(G) is hereby enacted to read as follows:

9 §1834. Remittance advice; thirty-day payment standard; limitations on claim filing
10 and audits

11 * * *

12 C. ~~A~~ Subject to the limitation provided for in R.S. 22:1838(F), a health
13 insurance issuer that prescribes the period of time that a ~~health care~~ healthcare
14 provider under contract for provision of ~~health care~~ healthcare services has to submit
15 a claim for payment ~~under~~ pursuant to R.S. 22:1832 or 1833 shall have the same
16 prescribed period of time following payment of ~~such the~~ the claim to perform any review
17 or audit for purposes of reconsidering the validity of ~~such the~~ the claim.

18 * * *

19 §1838. Recoupment of health insurance claims payments

20 * * *

1 F.(1) A health insurance issuer shall not retroactively deny, adjust, or seek
2 recoupment or refund of a paid claim for healthcare expenses submitted by a
3 healthcare provider for healthcare services rendered in good faith and pursuant to the
4 benefit plan for any reason after the expiration of eighteen months from the date the
5 initial claim was paid.

6 (2) This Subsection shall not be construed to supersede any provision of law
7 that prescribes a time period less than eighteen months for the retroactive denial of
8 payment or recoupment of monies paid for a claim or the reconsideration of the
9 validity of a claim.

10 G. The provisions of this Section shall not apply to the Office of Group
11 Benefits.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

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.