

## RÉSUMÉ DIGEST

ACT 290 (HB 875)

2018 Regular Session

Talbot

Prior law required a health insurance issuer to maintain a directory of its network of providers on the internet and to identify all healthcare providers not accepting new referrals of covered persons or not offering services to covered persons.

New law requires a health insurance issuer to maintain a directory of its network of providers on the internet that includes the name, specialty, if any, street address, and telephone number of each healthcare provider and indicates whether the provider is accepting new patients.

New law requires the directory to be both electronically searchable by name, specialty, and location and publicly accessible without necessity of providing a password, a user name, or personally identifiable information.

New law requires the health insurance issuer to conduct an ongoing review of the directory and correct or update the information as necessary not less than once every 20 business days.

New law further requires the health insurance issuer to update the directory not later than 10 business days after either of the following:

- (1) The effective date of a provider's credentialing with the health insurance issuer to list the provider.
- (2) The effective date of termination of a provider's credentialing with the health insurance issuer to remove the provider.

New law requires the directory to contain a conspicuously displayed email address, toll-free telephone number, or other mechanism that is easily accessible to which any individual may report any inaccuracy in the directory.

New law requires an issuer who receives a report that specifically identified directory information may be inaccurate to investigate the report and make any necessary corrections not later than the second business day after the date the report is received if the report concerns the representation of the network participation status of the provider or the fifth business day after the date the report is received if the report concerns any other type of information in the directory.

New law requires a health insurance issuer who receives three or more reports in any 30-day period that allege the issuer's directory inaccurately represents a provider's network participation status and are confirmed by the issuer's investigation to immediately report that occurrence to the commissioner of insurance.

New law requires the commissioner to investigate the health insurance issuer's compliance with new law.

New law authorizes the Dept. of Insurance to collect an assessment in an amount determined by the commissioner from the health insurance issuer at the time of the investigation to cover all expenses attributable directly to the investigation, including the salaries and expenses of department employees and all reasonable expenses of the department necessary for the administration of new law.

New law authorizes the Dept. of Insurance to promulgate rules and regulations to provide for civil fines payable by a health insurance issuer not to exceed \$500 for each intentional act or act of gross negligence in violation of new law, not to exceed an aggregate fine of \$50,000.

New law provides that a health insurance issuer shall not be responsible for information that is inaccurately submitted or not submitted by healthcare providers as stated in their contract.

New law provides that the penalties established in new law are the exclusive remedy for any violations and prohibits an independent cause of action by any person based upon a violation or other information reported.

New law applies to the Office of Group Benefits; however, the commissioner of insurance shall notify the commissioner of administration in writing within 30 days of a violation in lieu of levying an assessment or fine against the Office of Group Benefits.

Prior law required the directory of network providers to be furnished in printed form to any covered person upon request.

New law retains prior law.

Effective January 1, 2019.

(Amends R.S. 22:1873(B)(4) and 1879(B)(3); Adds R.S. 22:1020.1-1020.6; Repeals R.S. 22:1019.2(B)(4))