

Regular Session, 2011

SENATE BILL NO. 173

BY SENATOR ADLEY

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

HEALTH/ACC INSURANCE. Provides for release of certain group information to the group policyholder or his agent prior to renewal of a group policy. (8/15/11)

AN ACT

To enact R.S. 22:978(E), relative to group, family group, blanket, and association health and accident insurance; to provide with respect to notice required for certain premium increase, cancellation, or nonrenewal; to provide for the release of claims data; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:978(E) is hereby enacted to read as follows:

§978. Group, family group, blanket, and association health and accident insurance; notice required for certain premium increase, cancellation, or nonrenewal

* * *

E. (1) Not less than ninety days prior to the renewal of a policy, every health and accident insurance issuer shall release to each group policyholder or agent of a policyholder claims data upon request and shall provide this data within no more than fourteen business days of receipt of the request, which shall include the following items:

(a) The net claims paid by month during the policy period.

(b) The monthly enrollment by employee only, employee and spouse, employee and family during the policy period.

(c) The amount of any claims reserve established by the insurance provider against future claims under the policy.

(d) Claims over ten thousand dollars including claimant identifier, the date of occurrence, the amount of claims paid and those unpaid or outstanding, and claimant health condition or diagnosis.

(e) A complete listing of all potential catastrophic diagnosis and prognosis involving persons covered under the policy provisions.

(2) The provisions of this Subsection shall not be construed to authorize the disclosure of the identity of a particular employee covered under the group policy nor the disclosure of any individual employee's particular health insurance claim, condition, diagnosis, or prognosis which disclosure would violate federal or state law.

(3) For purposes of this Subsection, claim identifier shall be defined as data that reflects a number designation, including but not limited to, an alpha or numeric designation which shall not be a name identifier of an employee, employee's spouse, or employee's dependent.

The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Cheryl Horne.

DIGEST

Adley (SB 173)

Present law requires every insurer to notify the policyholder in writing at least forty-five days before any increase of twenty percent or more in the policy rates or at least sixty days before any cancellation or nonrenewal of a policy. Requires every health insurance issuer providing coverage to an employer group comprising more than 100 enrollees to provide the premium rate or amount to be paid to renew the group policy at least ninety days prior to the date of renewal or termination.

Proposed law retains present law.

Proposed law requires every health insurance issuer, not less than 90 days prior to the renewal of a policy, to release to each group policyholder or agent of a policyholder, claims data upon request and shall provide this data within no more than fourteen business days of receipt of the request. Provides that the data shall include:

- (1) net claims paid by month during the policy period.

- (2) monthly enrollment by employee only, employee and spouse, employee and family during the policy period.
- (3) the amount of any claims reserve established by the insurance provider against future claims.
- (4) claims over \$10,000 including claimant identifier, the date of occurrence, the amount of claims paid and those unpaid or outstanding, and claimant health condition or diagnosis.
- (5) a complete listing of all potential catastrophic diagnosis and prognosis involving persons covered by the policy. Proposed law does not authorize disclosure of the identity of particular employees nor of their particular health insurance claim, condition, diagnosis or prognosis if disclosure would violate any federal or state law.

Proposed law defines claims identifier as data that reflects a number designation, including but not limited to, an alpha or numeric designation which shall not be a name identifier of an employee, employee's spouse, or employee's dependent.

Effective August 15, 2011.

(Adds R.S. 22:978(E))

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Insurance to the original bill.

1. Requires release of claims data to an agent of a policyholder upon request no more than 14 business days of receipt of the request.
2. Defines claim identifier.