HLS 16RS-1186 ORIGINAL

2016 Regular Session

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HOUSE BILL NO. 824

BY REPRESENTATIVE LEBAS

INSURANCE/HEALTH: Prohibits assessment of a fee relating to the health insurance claims adjudication verification process on any healthcare provider or facility

AN ACT

2 To enact R.S. 22:1019, relative to the process for adjudication of health insurance claims; 3 to prohibit health insurance issuers or pharmacy benefit managers from assessing a 4 fee relating to such process on a healthcare professional or facility; to provide for 5 definitions; and to provide for related matters. 6 Be it enacted by the Legislature of Louisiana: 7 Section 1. R.S. 22:1019 is hereby enacted to read as follows: 8 §1019. Certain charges prohibited 9 A. A health insurance issuer or a pharmacy benefit manager shall not directly 10 or indirectly charge or hold a healthcare professional or facility responsible for a fee 11 for any step of or component or mechanism related to the claim adjudication process, 12 including: 13 (1) The adjudication of a claim. 14 (2) The processing or transmission of a claim. 15 (3) The development or management of a claim processing or adjudication 16 network. 17 (4) Participation in a claim processing or adjudication network. 18 B. As used in this Section: 19 (1) "Facility" means an institution providing healthcare services or a 20 healthcare setting, including but not limited to hospitals and other licensed inpatient 21 centers, ambulatory surgical or treatment centers, skilled nursing centers, residential

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CODING: Words in struck through type are deletions from existing law; words underscored are additions.

1	treatment centers, diagnostic, laboratory and imaging centers, rehabilitation and
2	other therapeutic health settings, and inpatient hospice facilities.
3	(2) "Health benefit plan" means a policy, contract, certificate, or agreement
4	entered into, offered, or issued by a health insurance issuer to provide, deliver,
5	arrange for, pay for, or reimburse any of the costs of healthcare services. "Health
6	benefit plan" shall not include a plan providing coverage for excepted benefits as
7	defined in R.S. 22:1061 and short-term policies that have a term of less than twelve
8	months.
9	(3) "Healthcare professional" means a physician or other healthcare
10	practitioner licensed, accredited, registered, or certified to perform specified
11	healthcare services consistent with state law.
12	(4) "Health insurance issuer" means an entity subject to the insurance laws
13	and regulations of this state, or subject to the jurisdiction of the commissioner, that
14	contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse
15	any of the costs of healthcare services, including through a health benefit plan as
16	defined in this Section, and shall include a sickness and accident insurance company,
17	a health maintenance organization, a preferred provider organization, or any similar
18	entity, or any other entity providing a plan of health insurance or health benefits.
19	(5) "Pharmacy benefit manager" means a person, business, or other entity
20	and any wholly or partially owned or controlled subsidiary of such entity that
21	administers the prescription drug or device portion of one or more health benefit
22	plans on behalf of a third party, including plan sponsors, insurance companies,
23	unions, and health maintenance organizations, in accordance with a pharmacy benefit
24	management plan.

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 824 Original

2016 Regular Session

LeBas

Abstract: Prohibits health insurance issuers or pharmacy benefit managers from assessing a fee relating to the process for adjudication of health insurance claims on a healthcare professional or facility.

<u>Proposed law</u> prohibits a health insurance issuer or a pharmacy benefit manager from directly or indirectly charging or holding a healthcare professional or facility responsible for a fee for any step of or component or mechanism related to the claim adjudication process, including:

- (1) The adjudication of a claim.
- (2) The processing or transmission of a claim.
- (3) The development or management of a claim processing or adjudication network.
- (4) Participation in a claim processing or adjudication network.

Proposed law also provides for definitions of terms.

(Adds R.S. 22:1019)