

Regular Session, 2012

HOUSE BILL NO. 583

BY REPRESENTATIVE RITCHIE

INSURANCE/HEALTH: Provides relative to continuity of care by a health care provider under health insurance coverage

1 AN ACT

2 To amend and reenact R.S. 22:1005, relative to continuity of care by a health care provider
3 under health insurance coverage; to provide for definitions; to provide with respect
4 to such continuity of care when the contract between the health care provider and the
5 health insurance issuer is terminated; to provide for applicability; and to provide for
6 related matters.

7 Be it enacted by the Legislature of Louisiana:

8 Section 1. R.S. 22:1005 is hereby amended and reenacted to read as follows:

9 §1005. Continuity of care of health care services

10 A. For purposes of this ~~Subsection:~~ Section:

11 (1) "Covered health care services" means services, items, supplies, or drugs
12 for the diagnosis, prevention, treatment, cure, or relief of a health condition, illness,
13 injury, or disease that are either covered and payable under the terms of health
14 insurance coverage or required by law to be covered.

15 (2) "Enrollee or insured" means an individual who is enrolled in or insured
16 by a health insurance issuer for health insurance coverage.

17 (3) "Health care provider" or "provider" means:

18 (a) ~~a~~ A physician licensed by the Louisiana State Board of Medical
19 Examiners to practice medicine or other health care practitioner licensed, certified,

1 ~~or registered, or otherwise authorized~~ to perform specified health care services
2 consistent with state law subject to direct supervision by such a licensed physician.

3 **(b) A facility or institution providing health care services, including but not**
4 **limited to a hospital or other licensed inpatient center, ambulatory surgical or**
5 **treatment center, skilled nursing facility, inpatient hospice facility, residential**
6 **treatment center, diagnostic, laboratory, or imaging center, or rehabilitation or other**
7 **therapeutic health setting.**

8 (4) "Health insurance issuer" means any entity that offers health insurance
9 coverage through a policy or certificate of insurance subject to state law that
10 regulates the business of insurance. For purposes of this Subpart, a "health insurance
11 issuer" shall include a health maintenance organization, as defined and licensed
12 pursuant to Subpart I of Part I of Chapter 2 of this Title, and nonfederal government
13 plans subject to the provisions of Subpart B of Part II of Chapter 6 of this Title,
14 including the Office of Group Benefits.

15 (5) "Health insurance issuer liability" means the contractual liability of a
16 health insurance issuer for covered health care services pursuant to the plan or policy
17 provisions between the enrollee or insured and the health insurance issuer.

18 (6) "Life-threatening illness" means a severe, serious, or acute condition for
19 which death is probable.

20 **(7) "Participating provider" means a health care provider that has a contract**
21 **with a health insurance issuer for the provision of health care services to enrollees**
22 **or insureds of the health insurance issuer.**

23 **B. Except as provided in Subsection F of this Section, a health insurance**
24 **issuer shall, with respect to covered benefits, provide coverage to an enrollee or**
25 **insured for the services of a provider, regardless of whether the provider is a**
26 **participating provider at the time the services are provided, if the health insurance**
27 **issuer represented that the provider was, or would be, a participating provider in**
28 **marketing materials that were provided or available to the enrollee or insured at any**
29 **of the following times:**

1 (1) If the plan under which the enrollee or insured has coverage has an open
2 enrollment period, the most recent open enrollment period.

3 (2) If the plan under which the enrollee or insured has coverage has no open
4 enrollment period, the time of the enrollee's or insured's enrollment or most recent
5 coverage renewal, whichever is later.

6 C. Except as provided in Subsection F of this Section, a health insurance
7 issuer shall provide the coverage required under Subsection B of this Section with
8 respect to the services of a provider for the following period of time:

9 (1) For an enrollee or insured of a plan with an open enrollment period, until
10 the end of the plan year for which it was represented that the provider was, or would
11 be, a participating provider.

12 (2) For an enrollee or insured of a plan with no open enrollment period, until
13 the end of the current plan year.

14 D. In addition to all other provisions of this Section, if a health care provider
15 was included in a network of a health insurance issuer pursuant to a contract between
16 the health care provider and the health insurance issuer but such contract is
17 terminated prior to the time periods defined in Subsections B and C of this Section,
18 the following provisions shall apply:

19 (1) The provisions of this Section shall be applicable whether such
20 termination is initiated by the health insurance issuer or the health care provider.

21 (2) The health insurance issuer shall continue payment of the health
22 insurance issuer liability to the health care provider that was in effect prior to the
23 termination of the contract or agreement with such health care provider. In addition,
24 the contractual requirements for the health care provider to follow the health
25 insurance issuer's utilization management and quality management policies and
26 procedures shall remain in effect for the applicable period specified in this Section.

27 (3) The payment of copayments, deductibles, or other cost-sharing
28 components by the enrollee or insured during the period of completion of covered
29 services with a terminated provider shall be the same copayments, deductibles, or

1 other cost-sharing components that would be paid by the enrollee or insured when
2 receiving care from a provider currently contracting with the health insurance issuer.

3 (4) This Section shall not require an insurer to cover services or provide
4 benefits that are not otherwise covered under the terms and conditions of the health
5 insurance issuer contract.

6 B: E. In addition to the provisions in Subsections C and D of this Section
7 and if the enrollee or insured renews coverage with the same health insurance issuer,
8 the following provisions shall be applicable in the event a contract or agreement
9 between a health insurance issuer and health care provider is terminated; the health
10 care provider shall notify the health insurance issuer of any enrollee or insured who
11 has begun a course of treatment by the provider before the effective date of the
12 termination. Based on this notice from the health care provider, the health insurance
13 issuer shall notify the enrollee or insured of a termination of a health care provider
14 from a health insurance issuer's network and the enrollee's or insured's right to
15 continuity of care. The following provisions of this Subsection shall be applicable
16 whether such termination is initiated by the health insurance issuer or the health care
17 provider.

18 (1) In the event an enrollee or insured has been diagnosed as being in a high-
19 risk pregnancy or is past the twenty-fourth week of pregnancy, the enrollee or
20 insured shall be allowed to continue receiving covered health care services, subject
21 to the consent of the treating health care provider, through delivery and postpartum
22 care related to the pregnancy and delivery.

23 (2) In the event an enrollee or insured has been diagnosed with a life-
24 threatening illness, the enrollee or insured shall be allowed to continue receiving
25 covered health care services, subject to the consent of the treating health care
26 provider, until the course of treatment is completed, not to exceed three months from
27 the effective date of such termination.

28 (3) In the event a treating health care provider advises the health insurance
29 issuer of an enrollee or insured who meets the criteria of Paragraph (1) or (2) of this

1 Subsection, the health insurance issuer shall continue payment of the health
2 insurance issuer liability to the health care provider that was in effect prior to the
3 termination of the contract or agreement with such health care provider. In addition,
4 the contractual requirements for the health care provider to follow the health
5 insurance issuer's utilization management and quality management policies and
6 procedures shall remain in effect for the applicable period specified in Paragraph (1)
7 or (2) of this Subsection.

8 ~~E. F.~~ The provisions of this Section shall not apply when:

9 (1) The reason for such termination is due to suspension, revocation, or
10 applicable restriction of the health care provider's license to practice or operate in
11 this state by the Louisiana State Board of Medical Examiners, or ~~for another~~
12 ~~documented reason related to quality of care.~~ other applicable state licensing entity.

13 (2) The enrollee or insured chooses to change health care provider.

14 (3) The enrollee or insured moves out of the geographic service area of the
15 health care provider or health insurance issuer.

16 ~~(4) The enrollee or insured requires only routine monitoring for a chronic~~
17 ~~condition but is not in an acute phase of the condition.~~

18 ~~D. G.~~ A health care provider shall be prohibited from discount billing and
19 dual billing pursuant to R.S. 22:1871 et seq. For purposes of this Section, the
20 treating health care provider shall be deemed to be a contracted health care provider
21 pursuant to R.S. 22:1871 et seq.

22 H. This Subpart shall not apply to dental insurance or to any managed care
23 organization contracted with the state of Louisiana to provide Medicaid benefits to
24 Medicaid eligible recipients.

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)]

Ritchie

HB No. 583

Abstract: Provides with respect to continuity of care of an enrollee or insured by a health care provider, including a health care facility, in the event the contract between the health care provider and the enrollee's or insured's health insurance issuer is terminated.

Present law provides for continuity of care for certain insureds or enrollees (covered persons) by a health care provider in the event of termination of the contract between a health insurance issuer and the health care provider. Applies only to those covered persons with high-risk or advanced pregnancies until delivery and postpartum care or covered persons with life-threatening illnesses for not more than three months.

Proposed law extends such continuity of care, as follows:

- (1) Provides that "health care provider" shall include a facility or institution providing health care services. Also defines a "participating provider" as a health care provider contracted with a health insurance issuer for the provision of health care services to its covered persons.
- (2) Provides for continuity of care under health insurance coverage, regardless of whether the provider is a participating provider at the time the services are provided, if the health insurance issuer represented that the provider was or would be a participating provider in marketing materials provided or available to covered persons at open enrollment or, for plans without an open enrollment period, at the time of coverage renewal. Requires that such coverage extend until the end of the year for which it was represented that provider was or would be a participating provider or, for plans without an open enrollment period, until the end of the current plan year.
- (3) Provides that if a health care provider was contractually included in a network of a health insurance issuer but such contract was terminated prior to the time periods specified in (2) above, the following provisions shall apply whether such termination is initiated by the health insurance issuer or the health care provider:
 - (a) Payment of its liability by the health insurance issuer to the health care provider that was in effect prior to the contract termination would be continued. In addition, the contractual requirements for the health care provider to follow the health insurance issuer's utilization management and quality management policies and procedures would remain in effect.
 - (b) The payment of copayments, deductibles, or other cost-sharing components by the covered person during the period of completion of covered services with a terminated provider would be the same as would be paid by the covered person when receiving care from a current contracting provider.
- (4) Shall not require a health insurance issuer to cover services or provide benefits not otherwise contractually covered. Makes applicable whether such contract termination was initiated by the health insurance issuer or the health care provider.

- (5) Present law provides that continuity of care shall not apply when the reason for contract termination is the suspension, revocation, or applicable restriction of the health care provider's license by the La. State Board of Medical Examiners, or another documented reason related to quality of care.

Proposed law additionally provides that continuity of care shall not apply when the reason for contract termination is suspension, revocation, or applicable restriction of the health care provider's license by any applicable state licensing agency. Deletes inapplicability for another documented reason related to quality of care.

- (6) Present law provides that continuity of care shall not apply when: the covered person chooses to change health care provider, moves out of the geographic service area of the health care provider or health insurance issuer, or requires only routine monitoring for a chronic condition but is not in an acute phase of the condition.

Proposed law deletes inapplicability when the covered person requires only routine monitoring and is not in an acute phase of the condition; otherwise retains present law.

- (7) Proposed law retains present law prohibiting a health care provider from discount billing and dual billing pursuant to present law.

- (8) Proposed law provides that it shall not apply to dental insurance or to any managed care organization contracted with the state to provide Medicaid benefits to Medicaid eligible recipients.

(Amends R.S. 22:1005)