

SENATE BILL NO. 109

BY SENATOR TALBOT

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

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AN ACT

To enact R.S. 22:1880.2, relative to out-of-network emergency ambulance services providing covered healthcare services; to provide for definitions; to provide reimbursement for emergency ambulance providers by health insurance issuers; to provide for balance billing requirements for out-of-network emergency ambulance providers; to provide for effectiveness; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1880.2 is hereby enacted to read as follows:

§1880.2. Payment of claims for covered healthcare services provided by out-of-network care insurer of the enrollee receiving the covered healthcare services; definitions

A. As used in this Section, the following definitions apply unless the context indicates otherwise:

(1) "Ambulance provider" means an ambulance provider as defined in R.S. 40:1131. For purposes of this Section, "ambulance provider" does not include an air ambulance provider.

(2) "Clean claim" means a claim that has no defect of impropriety, including any lack of required substantiating documentation or particular circumstances requiring special treatment that prevents timely payment from being made on the claim.

(3) "Covered services" means those emergency ambulance services which an enrollee is entitled to receive under the terms of a healthcare benefit plan.

(4) "Enrollee" means a person who is entitled to receive covered healthcare services under the terms of a healthcare benefit plan.

1 **(5) "Healthcare benefit plan" means a plan, policy, contract, certificate,**
2 **agreement, or other evidence of coverage for healthcare services offered, issued,**
3 **renewed, or extended in this state by a healthcare insurer.**

4 **(6) "Healthcare insurer" means an entity that is subject to state**
5 **insurance regulation and provides coverage for health benefits in this state and**
6 **includes the following:**

7 **(a) An insurance company.**

8 **(b) A health maintenance organization.**

9 **(c) A hospital and medical service corporation.**

10 **(d) A risk-based provider organization.**

11 **(e) A sponsor of self-funded governmental plan.**

12 **(7) "Out-of-network" means a provider that does not contract with the**
13 **healthcare insurer of the enrollee receiving the covered healthcare services.**

14 **B. The minimum allowable reimbursement rate under any healthcare**
15 **benefit plan issued by any healthcare insurer to an out-of-network ambulance**
16 **provider for providing emergency services shall be one of the following items:**

17 **(1) At the rates set or approved, whether in contract or ordinance, by a**
18 **local governmental entity in the jurisdiction in which the covered healthcare**
19 **services originate, or as provided for in R.S. 33:4791.**

20 **(2) In the absence of rates as provided in Paragraph (1) of this**
21 **Subsection, the minimum allowable rate of reimbursement under any health**
22 **benefit plan issued by any healthcare insurer shall be three hundred twenty-five**
23 **percent of the current published rate for ambulance services as established by**
24 **the Centers for Medicare and Medicaid Services under Title XVIII of the Social**
25 **Security Act for the same service provided in the same geographic area; or the**
26 **ambulance provider's billed charges, whichever is less.**

27 **C. Payment made in compliance with this Section shall be considered**
28 **payment in full for the covered services provided, except for any copayment,**
29 **coinsurance, deductible, and other cost-sharing amounts required to be paid by**
30 **the enrollee. An ambulance provider is prohibited from billing the enrollee for**

1 any additional amounts for paid covered services.

2 D. All copayment, coinsurance, deductible, and other cost-sharing
3 amounts provided by Subsection C of this Section shall not exceed the in-
4 network copayment, coinsurance, deductible, and other cost-sharing amounts
5 for the covered healthcare services received by the enrollee.

6 E. A healthcare insurer shall, within thirty days after receipt of a clean
7 claim for covered services, promptly remit payment for ambulance services
8 directly to the ambulance provider and shall not send payment to an enrollee.

9 F. If the claim is not a clean claim, the healthcare insurer shall, within
10 thirty days after receipt of the claim, send a written notice acknowledging the
11 date of the receipt of the claim and shall provide one of the following items:

12 (1) That the insurer is declining to pay all or part of the claim and the
13 specific reason or reasons for the denial.

14 (2) That additional information is necessary to determine if all or part
15 of the claim is payable and the specific additional information that is required.

PRESIDENT OF THE SENATE

SPEAKER OF THE HOUSE OF REPRESENTATIVES

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____