

Regular Session, 2012

SENATE BILL NO. 283

BY SENATOR ADLEY

HEALTH/ACC INSURANCE. Provides for release of certain group information to the group policyholder or his agent prior to renewal of a group policy. (8/1/12)

1 AN ACT

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

6 Be it enacted by the Legislature of Louisiana:

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

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

11 \* \* \*

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

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

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

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

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

8                   **(e) A complete listing of all potential catastrophic diagnoses and**  
9                   **prognoses involving persons covered under the policy provisions.**

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

15                  **(3) For purposes of this Subsection, "claim identifier" shall be defined**  
16                  **as data that reflects a number designation, including but not limited to, an**  
17                  **alphabetic or alphanumeric designation which shall not be a name identifier of**  
18                  **an employee, employee's spouse, or employee's dependent.**

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

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#### DIGEST

Present law requires every insurer to notify the policyholder in writing at least 45 days before any increase of 20% or more in the policy rates or at least 60 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 90 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 14 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, and 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 claim 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 diagnoses and prognoses 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 "claim identifier" as data that reflects a number designation, including but not limited to, an alphabetic or alphanumeric designation which shall not be a name identifier of an employee, employee's spouse, or employee's dependent.

Effective August 1, 2012.

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