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))