

LSU - HEALTH CARE SERVICES DIVISION
BATON ROUGE, LA

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2/10/17
Date



Comptroller
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7/7/2017
Date

**Louisiana State University Health Care Services Division
Louisiana Balanced Billing Disclosure Requirements**

I. PURPOSE

The purpose of this policy is to comply with Louisiana R.S. 22:1880, the Louisiana Balanced Billing Disclosure Act. This policy will assist Louisiana State University Health Care Services Division (LSU HCSD) employees and medical staff in understanding the provisions of the statute regarding notification of patients of their potential financial liability if the hospital or certain medical staff is not a participating provider under the patient's health insurance plan.

II. SCOPE

This policy applies to all LSU HCSD facilities and personnel, its agents and contractors.

III. POLICY/PROCEDURE

A. Provision of the Notice of the Louisiana Balance Billing Disclosure Act (LBBB)

1. LBBB requires that the Hospital provide the patient with a written notice of whether or not the Hospital is a participating provider in the patient's health insurance plan, and a specific balance billing disclosure statement. This notice can be found in Attachment 1.
2. When a patient presents for registration for any non-emergent care, the Hospital Admit Technician (HAT) is to present this written notice to the patient. Note that this requirement does not apply to Medically Indigent or Self Pay patients, as they have no insurance coverage.
 - a. The HAT should review the notice with the patient and answer any questions the patient may have.
 - b. The HAT shall mark whether or not the Hospital is a participating provider with the patient's health insurance plan.
 - c. The HAT shall have the patient sign and date the notice.
 - d. The HAT will sign the notice as the Hospital employee who reviewed the information with the patient.
 - e. Note that the HAT must be aware of the date of service that the patient is registering for in order to determine if the hospital is a participating provider. LBBB specifically states that the Hospital

must determine if it is a participating provider for the date Hospital services are to be rendered, when the notice is given. In most instances, that will be the date that the patient presents for registration. However, if the patient is pre-registering for a future service, the HAT must determine if the Hospital will be a participating provider for that future date.

3. The patient has the option of requesting a list of contracted, hospital- based physicians. This list should include the name and contact information for each individual or group of hospital-contracted anesthesiologists, pathologists, radiologists, hospitalists, intensivists, and neonatologists who provide services at the Hospital.
 - a. The patient has the option of then contacting his insurance company to determine if these physicians are participating providers in his health insurance plan.
 - b. The notice provided to the patient specifies that if the physician on this list is not a participating provider, and the patient receives care from the physician, that the patient will be financially responsible for the payment of the physician's services.
4. Once the patient has received all of the LBBB information, and has signed the notice, the HAT shall give the patient a copy of the signed notice, and then scan the original into document imaging. The document will be stored in the ENCOUNTER level of document imaging, under the title INSDISCL.
5. The notice required by LBBB should be issued for each non-emergency visit.
6. The notice should **not** be given to patients presenting for emergency conditions.

B. Maintenance of Medical Staff Listings

1. So that HAT's have an accurate listing of contracted, hospital-based physicians required by LBBB, Medical Staff will be responsible for developing such a list, and then reviewing and updating the list every 30 days.
2. Each month the Medical Staff office will provide the Hospital's Registration Manager with a reviewed and updated list of medical staff members, listing the types of physicians specified by the LBBB, no later

than the 10th of each month. The list must contain accurate contact information so that the patient may contact the physician's office should the patient have questions about coverage.

3. The Registration Manager is then responsible for ensuring that each HAT has access to a copy of this monthly list.
4. If the Hospital maintains a website that includes a listing of physicians who have been granted medical staff privileges to provide medical services at the Hospital, the Medical Staff office will also be responsible for reviewing and updating that list every 30 days. This list must include the name and contact information for each facility-based physician or facility-based physician group that has been granted medical staff privileges.

C. Maintenance of Contracted Health Insurance Plans with HCSD

1. So that HAT's have an accurate listing of the health plans that each Hospital is contracted with, Managed Care services will be responsible for developing such a list, and then reviewing and updating the list every 30 days.
2. Each month, Managed Care services will provide the Hospital's Registration Manager with a reviewed and updated list of each health insurance plan with which the Hospital is contracted.
3. The Registration Manager is then responsible for ensuring that each HAT has access to a copy of this monthly list.

D. Professional Billing Requirements for Facility-Based Physicians

1. Bills from facility-based physicians who are not contracted with a particular health insurance company must include the following on the patient bill:
 - a. An itemized listing of the services and supplies provided by the facility-based physician, along with the dates such services and supplies were provided;
 - b. The amount that is owed by the patient or insured and language conspicuously displayed on the front of the bill that states "NOTICE: THIS IS A BILL. BASED UPON INFORMATION FROM YOUR HEALTH PLAN, YOU OWE THE AMOUNT SHOWN".
 - c. A telephone number to call to discuss the statement.

E. Compliance Reporting

1. A copy of the format of the written notice provided to the patient should be archived for auditing. Each time the notice is updated or revised, and each variation of the form shall be kept for auditing purposes. This is necessary to prove that the notice was in effect throughout the effective date of the statute, as required by the Louisiana Department of Insurance.
2. At any time upon the Louisiana Department of Insurance's request, the Hospital may be asked to prove its compliance with the statute. It will be the responsibility of the Chief Financial Officer to coordinate and submit such responses. If it is found that the Hospital is not in compliance with the LBBD, then the Chief Financial Officer must notify the Hospital Administrator and the Hospital Compliance Officer, as well as provide a written corrective plan of action.