

2015 Regular Session

HOUSE BILL NO. 270

BY REPRESENTATIVE ARMES

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

MEDICAID: Provides relative to filing of Medicaid claims

1 AN ACT

2 To amend and reenact R.S. 46:460.51(introductory paragraph) and the heading of Subpart  
3 B of Part XIII of Chapter 3 of Title 46 of the Louisiana Revised Statutes of 1950, and  
4 to enact R.S. 46:442 and 460.70, relative to the medical assistance program of this  
5 state, known also as Medicaid; to prescribe duties of the Department of Health and  
6 Hospitals in administering the Medicaid program; to provide relative to Medicaid  
7 managed care organizations; to provide relative to provider claims for certain health  
8 services; and to provide for related matters.

9 Be it enacted by the Legislature of Louisiana:

10 Section 1. R.S. 46:460.51(introductory paragraph) and the heading of Subpart B of  
11 Part XIII of Chapter 3 of Title 46 of the Louisiana Revised Statutes of 1950 are hereby  
12 amended and reenacted and R.S. 46:442 and 460.70 are hereby enacted to read as follows:

13 §442. Medicaid provider claims; period for filing

14 In administering the Medicaid program of this state, the Department of  
15 Health and Hospitals shall not limit the period within which a health care provider  
16 may submit a claim for payment for a covered service rendered to a Medicaid  
17 program enrollee to less than three hundred sixty-five days from the date the service  
18 was provided.

19 \* \* \*

1 §460.51. Definitions

2 ~~The~~ As used in this Part, the following terms ~~shall~~ have the ~~following~~  
3 ~~meanings~~ meaning ascribed in this Section unless the context clearly indicates  
4 otherwise:

5 \* \* \*

6 SUBPART B. CLAIM FILING AND PAYMENT

7 §460.70. Timely filing of claims

8 In accordance with the provisions of R.S. 46:442, the department shall not  
9 limit the period within which a provider may submit a claim for payment for a  
10 covered service rendered to an enrollee to less than three hundred sixty-five days  
11 from the date the service was provided. This prohibition on limiting the claim  
12 submission period to less than three hundred sixty-five days from the date of service  
13 shall apply relative to claims submitted directly to the department and to claims  
14 submitted to all of the following entities:

- 15 (1) A managed care organization.
- 16 (2) Any of the following entities as defined in 42 C.F.R. 438.2:
  - 17 (a) A prepaid ambulatory health plan.
  - 18 (b) A prepaid inpatient health plan.
  - 19 (c) A primary care case manager.

20 Section 2.(A) The Louisiana State Law Institute is hereby directed to designate R.S.  
21 46:460.51 and 460.52 as Subpart A of Part XIII of Chapter 3 of Title 46 of the Louisiana  
22 Revised Statutes of 1950, and is further directed to entitle the Subpart "General Provisions".

23 (B) The Louisiana State Law Institute is hereby directed to redesignate Subpart A  
24 of Part XIII of Chapter 3 of Title 46 of the Louisiana Revised Statutes of 1950, comprised  
25 of R.S. 46:460.61 and 460.62, as Subpart B of Part XIII of Chapter 3 of Title 46 of the  
26 Louisiana Revised Statutes of 1950, and is further directed to retain the heading of the  
27 Subpart.

28 (C) The Louisiana State Law Institute is hereby directed to redesignate Subpart B  
29 of Part XIII of Chapter 3 of Title 46 of the Louisiana Revised Statutes of 1950, comprised

1 of R.S. 46:460.70 as enacted by Section 1 of this Act and R.S. 46:460.71, as Subpart C of  
2 Part XIII of Chapter 3 of Title 46 of the Louisiana Revised Statutes of 1950, and is further  
3 directed to entitle the Subpart "Claim Filing And Payment".

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#### 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)]

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HB 270 Original

2015 Regular Session

Armes

**Abstract:** Provides relative to filing of Medicaid claims with the Dept. of Health and Hospitals and with Medicaid managed care organizations contracted with the department.

Proposed law stipulates that in administering the state's Medicaid program, the Dept. of Health and Hospitals (DHH) shall not limit the period within which a health care provider may submit a claim for payment for a Medicaid-covered service to less than 365 days from the date the service was rendered.

Proposed law provides that such prohibition on limiting the claim submission period to less than 365 days from the date of service shall apply relative to claims submitted directly to DHH, and to claims submitted to all of the following entities:

- (1) A Medicaid managed care organization contracted with the department.
- (2) Any of the following entities as defined in federal Medicaid regulations:
  - (a) A prepaid ambulatory health plan.
  - (b) A prepaid inpatient health plan.
  - (c) A primary care case manager.

(Amends R.S. 46:460.51(intro. para.) and the heading of Subpart B of Part XIII of Chapter 3 of Title 46; Adds R.S. 46:442 and 460.70)