
DIGEST

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HB 655 Original

2024 Regular Session

Miller

Abstract: Revises the Medicaid third-party liability requirements to comply with the Consolidated Appropriations Act of 2022 for prior authorizations and responses to State claim inquiries.

Present law defines "third party" as a health and accident insurer, group health plan, service benefit plan, hospital and medical service plan, health maintenance organization, limited benefit health insurer, group blanket and franchise insurer, and state employee group benefit plan.

Proposed law states that a third party that requires prior authorization for healthcare item or service prior to providing that service to a person eligible for Medicaid shall accept an authorization from La. Dept. of Health (LDH) that the healthcare item or service is covered under Medicaid as if LDH's authorization were a prior authorization.

Proposed law states that a third party shall respond to any inquiry by LDH within 60 days regarding payment for a healthcare item or service provided to an eligible individual if the inquiry was submitted with three years from the date the healthcare item or service was provided.

Proposed law states that a third party shall not deny a claim submitted by LDH solely on basis of the date of the claim, the format of the claim, or a failure to present proper documentation at the point-of-sale.

Proposed law states that a third party shall not deny a claim submitted by LDH on the basis that the department did not seek a prior authorization if the claim is submitted within three year beginning on the date the healthcare service was provided or service made on any action brought by LDH to enforce its rights within six years from the date that LDH submitted the claim.

Effective upon signature of governor or lapse of time for gubernatorial action.

(Adds R.S. 46:446.2 (E) and (F))