

2024 Regular Session

HOUSE BILL NO. 655

BY REPRESENTATIVE MILLER

MEDICAID: Provides relative to third-party liability requirements arising for prior authorizations and state claim inquiries

1 AN ACT

2 To enact R.S. 46:446.2 (E) and (F), relative to third-party liability for prior authorizations
3 and state claim inquires; to provide for third-party prior authorizations; to provide
4 for third-party claim processing; to provide for an effective date; and to provide for
5 related matters.

6 Be it enacted by the Legislature of Louisiana:

7 Section 1. R.S. 46: 446.2 (E) and (F) are hereby enacted to read as follows:

8 §446.2. Third-party liability; acquisition of rights

9 * * *

10 E. A third party that requires prior authorization for an item or service
11 furnished to an individual eligible to receive medical assistance in accordance with
12 this Title shall accept authorization provided by the department that the item or
13 service is covered under the State Plan, or waiver of such plan, for such individual
14 as if the authorization were a prior authorization made by the third party for the item
15 or service.

16 F. A third party shall:

17 (1) Respond not later than sixty days after receiving any inquiry by the
18 department regarding a claim for payment for any healthcare item or service that is
19 submitted not later than three years after the date of the provision of the healthcare
20 item or service.

1 (2) Not deny a claim submitted by the department solely on the basis of the
2 date of submission of the claim, the type or format of the claim form, or a failure to
3 present proper documentation at the point-of-sale that is the basis of the claim.

4 (3) Not deny a claim on the basis of failure to obtain a prior authorization for
5 the item or service for which the claim is being submitted if the claim is submitted
6 by the department within the three-year-period beginning on the date on which the
7 item or service was furnished and any action by the department to enforce its rights
8 with respect to the claim is commenced within six years from the date the
9 department submitted the claim.

10 Section 2. This Act shall become effective upon signature by the governor or, if not
11 signed by the governor, upon expiration of the time for bills to become law without signature
12 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
13 vetoed by the governor and subsequently approved by the legislature, this Act shall become
14 effective on the day following such approval.

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)]

HB 655 Engrossed

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))