
DIGEST

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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)