

**LEGISLATIVE FISCAL OFFICE**  
**Fiscal Note**



Fiscal Note On: **HB 270** HLS 15RS 968

Bill Text Version: **ORIGINAL**

Opp. Chamb. Action:

Proposed Amd.:

Sub. Bill For.:

|   |         |                                 |
|---|---------|---------------------------------|
| <b>Date:</b> April 9, 2015              | 3:10 PM | <b>Author:</b> ARMES            |
| <b>Dept./Agy.:</b> DHH/Medicaid         |         | <b>Analyst:</b> Shawn Hotstream |
| <b>Subject:</b> Timely filing of claims |         |                                 |

MEDICAID OR NO IMPACT See Note Page 1 of 1  
Provides relative to filing of Medicaid claims

Proposed law provides that DHH shall not limit the period within which a health care provider may submit a claim for payment for a covered service rendered to a Medicaid program enrollee to less than 365 days from the date the service was provided. Proposed law provides to all claims, which include claims filed directly to the department and to claims submitted to a managed care organization, a prepaid ambulatory health plan, prepaid inpatient health plan, and a primary care case manager.

| <b>EXPENDITURES</b> | <b>2015-16</b> | <b>2016-17</b> | <b>2017-18</b> | <b>2018-19</b> | <b>2019-20</b> | <b>5 -YEAR TOTAL</b> |
|---------------------|----------------|----------------|----------------|----------------|----------------|----------------------|
| State Gen. Fd.      | \$0            | \$0            | \$0            | \$0            | \$0            | <b>\$0</b>           |
| Agy. Self-Gen.      | \$0            | \$0            | \$0            | \$0            | \$0            | <b>\$0</b>           |
| Ded./Other          | \$0            | \$0            | \$0            | \$0            | \$0            | <b>\$0</b>           |
| Federal Funds       | \$0            | \$0            | \$0            | \$0            | \$0            | <b>\$0</b>           |
| Local Funds         | <u>\$0</u>     | <u>\$0</u>     | <u>\$0</u>     | <u>\$0</u>     | <u>\$0</u>     | <b>\$0</b>           |
| <b>Annual Total</b> | <b>\$0</b>     | <b>\$0</b>     | <b>\$0</b>     | <b>\$0</b>     | <b>\$0</b>     | <b>\$0</b>           |

| <b>REVENUES</b>     | <b>2015-16</b> | <b>2016-17</b> | <b>2017-18</b> | <b>2018-19</b> | <b>2019-20</b> | <b>5 -YEAR TOTAL</b> |
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| Ded./Other          | \$0            | \$0            | \$0            | \$0            | \$0            | <b>\$0</b>           |
| Federal Funds       | \$0            | \$0            | \$0            | \$0            | \$0            | <b>\$0</b>           |
| Local Funds         | <u>\$0</u>     | <u>\$0</u>     | <u>\$0</u>     | <u>\$0</u>     | <u>\$0</u>     | <b>\$0</b>           |
| <b>Annual Total</b> | <b>\$0</b>     | <b>\$0</b>     | <b>\$0</b>     | <b>\$0</b>     | <b>\$0</b>     | <b>\$0</b>           |

**EXPENDITURE EXPLANATION**

There is no anticipated direct material effect on DHH expenditures as a result of this measure.

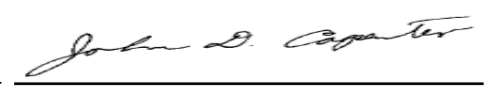
The Code of Federal Regulation (42 CFR 447.45) requires timely processing of claims, and limits the time by which a provider may submit a claim to a Medicaid agency to no later than 12 months from the date of service. Through the re-procurement of the Bayou Health managed care contract, DHH implemented a 180 day claim submission limit from providers to the health plans, which was implemented in February, 2015. A provision of the contract specifically indicated that all Medicaid only claims must be filed to the plans within 180 days of the service. This measure would remove the 180 day limit currently in practice for providers that serve Bayou Health plan members and allow providers to submit claims up to 365 days from the date of service.

All Fee for service claims still retain a submission limit up to 365 days from the date of service.

**REVENUE EXPLANATION**

There is no anticipated direct material effect on governmental revenues as a result of this measure.

- |   |                            |              |  |
|---|----------------------------|--------------|--|
| <u>Senate</u>   | <u>Dual Referral Rules</u> | <u>House</u> | <input type="checkbox"/> 6.8(F)(1) >= \$100,000 SGF Fiscal Cost {H & S}                    |
| <input type="checkbox"/> 13.5.1 >= \$100,000 Annual Fiscal Cost {S&H}       |                            |              | <input type="checkbox"/> 6.8(F)(2) >= \$500,000 Rev. Red. to State {H & S}                 |
| <input type="checkbox"/> 13.5.2 >= \$500,000 Annual Tax or Fee Change {S&H} |                            |              | <input type="checkbox"/> 6.8(G) >= \$500,000 Tax or Fee Increase or a Net Fee Decrease {S} |

  
**John D. Carpenter**  
**Legislative Fiscal Officer**