

2020 Regular Session

HOUSE BILL NO. 326

BY REPRESENTATIVE ECHOLS

MEDICAID MANAGED CARE: Provides for certain data and other material to be included in the Healthy Louisiana Claims Report

1 AN ACT

2 To enact R.S. 46:460.91(C)(5) and (F), relative to data on processing of healthcare provider  
3 claims by Medicaid managed care organizations; to provide for reports by the  
4 Louisiana Department of Health to certain legislative committees of information on  
5 claims processing in the Medicaid managed care program; to specify data and other  
6 material to be included in such reports; and to provide for related matters.

7 Be it enacted by the Legislature of Louisiana:

8 Section 1. R.S. 46:460.91(C)(5) and (F) are hereby enacted to read as follows:

9 §460.91. Claims processing data; reports to legislative committees

10 \* \* \*

11 C. The report shall feature a narrative which includes, at minimum, the  
12 action steps which the department plans to take in order to address all of the  
13 following:

14 \* \* \*

15 (5) Timeliness of claims payments to providers by each managed care  
16 organization.

17 \* \* \*

18 F. The quarterly reports shall feature data on timeliness of claims payments  
19 by each managed care organization which, at minimum, shall include an average and  
20 a median days-to-payment metric for all claims reflecting the number of calendar

1        days elapsed from the date of claim submission by the provider to the date of claim  
2        payment by the managed care organization. If a claim for payment is denied in  
3        whole or in part by a managed care organization, or by a fiscal agent or intermediary  
4        of the organization, and the provider resubmits the claim in whole or in part and the  
5        organization ultimately pays all or part of the claim, then the days-to-payment  
6        metrics for that claim shall be based upon the date of submission of the original  
7        claim.

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 326 Original

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**Abstract:** Specifies data and other information related to processing of healthcare provider claims by Medicaid managed care organizations to be included in the quarterly Healthy Louisiana Claims Report.

Present law requires the La. Department of Health (LDH) to produce and submit to the Joint Legislative Committee on the Budget and the House and Senate committees on health and welfare a quarterly report entitled the "Healthy Louisiana Claims Report". Specifies the data on healthcare provider claims submitted to Medicaid managed care organizations (MCOs) to be included in the report.

Proposed law retains present law and adds thereto a requirement that the report feature data on timeliness of claims payments by each MCO which, at minimum, shall include an average and a median days-to-payment metric for all claims reflecting the number of calendar days elapsed from the date of claim submission by the provider to the date of claim payment by the MCO. Provides that if a claim for payment is denied in whole or in part and the provider resubmits the claim and the MCO ultimately pays all or part of the claim, then the days-to-payment metrics for that claim shall be based upon the date of submission of the original claim.

Present law provides that the report shall feature a narrative which includes, at minimum, the action steps which LDH plans to take in order to address certain issues in Medicaid managed care.

Proposed law retains present law and adds timeliness of claims payments by MCOs as an issue to be addressed in the report.

(Adds R.S. 46:460.91(C)(5) and (F))