

**HOUSE COMMITTEE AMENDMENTS**

2016 Regular Session

Substitute for Original House Bill No. 761 by Representative Stokes as proposed by the House Committee on Health and Welfare

**This document reflects the content of a substitute bill but is not in a bill form; page numbers in this document DO NOT correspond to page numbers in the substitute bill itself.**

To amend and reenact R.S. 46:442 and to enact R.S. 46:437.4(A)(4), relative to review of healthcare provider claims within the Medicaid program; to provide for reimbursements issued by the Department of Health and Hospitals pursuant to certain provider claims; to provide relative to recoupment of provider claim payments; to authorize re-filing of claims in certain circumstances; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 46:442 is hereby amended and reenacted and R.S. 46:437.4(A)(4) is hereby enacted to read as follows:

§437.4. Claims review and administrative sanctions

A.

\* \* \*

(4) The administrative rules promulgated by the department to implement the claim review process provided for in this Subsection shall provide for procedures to ensure that providers receive or retain the appropriate reimbursement amount for claims in which the department determines that services delivered have been improperly billed but were reasonable and necessary.

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§442. Medicaid provider claims; period for filing

A. In administering the Medicaid program of this state, the Department of Health and Hospitals shall not limit the period within which a ~~health-care~~ healthcare provider may submit a claim for payment for a covered service rendered to a Medicaid program enrollee to less than three hundred sixty-five days from the date the service was provided.

B. In accordance with the provisions of this Section, if a payment for a claim is recouped by the department, a contractor of the department, or any other entity acting at the direction or under the authority of the department due to a determination by the department more than three hundred sixty-five days from the date the service was provided that the claim was improperly billed but the services were reasonable and necessary, the department shall ensure that the provider is afforded additional time to re-file a corrected claim for that portion of the amount recouped to the extent permitted by federal law.

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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)]

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HB Draft

2016 Regular Session

**Abstract:** Provides relative to the Medicaid provider claims review process.

Present law requires the secretary of the Department of Health and Hospitals, referred to hereafter as the "department", to establish a process through administrative rulemaking for review of Medicaid provider claims to determine if the claims should be or should have been paid as required by federal or state law or regulation.

Proposed law retains present law and stipulates that the administrative rules promulgated pursuant to present law shall provide that the claim review process includes procedures to ensure that providers receive or retain the appropriate reimbursement amount for claims in which the department determines that services delivered have been improperly billed but were reasonable and necessary.

Present law provides that in administering the Medicaid program, the department shall not limit the period within which a healthcare provider may submit a claim for payment for a covered service rendered to a Medicaid enrollee to less than 365 days from the date the service was provided.

Proposed law retains present law and stipulates that if a payment for a claim is recouped by the department, a contractor of the department, or any other entity acting at the direction or under the authority of the department due to a determination more than 365 days from the date the service was provided that the claim was improperly billed but the services were reasonable and necessary, the department shall ensure that the provider is afforded additional time to re-file a corrected claim for that portion of the amount recouped to the extent permitted by federal law.

(Amends R.S. 46:442; Adds R.S. 46:437.4(A)(4))