

RÉSUMÉ DIGEST

ACT 21 (HB 270)

2015 Regular Session

Armes

New law stipulates that in administering the state's Medicaid program, the Department of Health and Hospitals (DHH) shall not limit the period within which a healthcare provider may submit a claim for payment for a Medicaid-covered service to less than 365 days from the date the service was rendered.

New law provides that such prohibition on DHH limiting the claim submission period to less than 365 days from the date of service shall apply to claims submitted directly to DHH, and to claims submitted to all of the following entities:

- (1) A Medicaid managed care organization contracted with DHH.
- (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.

Effective August 1, 2015.

(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)