LOUISIANA DEPARTMENT OF INSURANCE
Office of Health Insurance
P. O. Box 94214 – 1702 North 3rd Street, 70802
Baton Rouge, LA 70804
(800) 259-5300 (225) 219-4770 Fax (225) 342-5711

PROMPT PAYMENT OF HEALTH INSURANCE CLAIMS

What the Department of Insurance can do for you:

- Help you obtain payment on "clean claims" involving health insurance coverage consisting of:
  - Major Medical Insurance
  - Health Maintenance Organization Subscriber Agreements (HMO)

  A "clean claim" as defined in LRS 250.30 (3) "means an accepted claim that has no defect or impropriety including any lack of required substantiating documentation or other particular circumstance requiring special treatment that prevents timely payment". "Clean claims" include correctly completed standardized claim forms as:
  - HCFA Form 1500
  - UB 92 Form
- Determine whether "just and reasonable grounds such as would put a reasonable and prudent businessman on his guard" exists on a claim and provide you with explanations obtained from the insurance company or HMO. Examples of "just and reasonable grounds" include, but are not limited to:
  - Investigation of a pre-existing condition or possible contestable contract
  - Questionable eligibility of coverage for dependents
  - Coordination of benefits
  - Explanation of benefits

What the Department of Insurance cannot do for you:

- Obtain payment from health plans that are not subject to regulation under Louisiana's health insurance prompt payment laws such as:
  - Self-Funded, Employer Sponsored Plans
  - Self-Funded, Non-Federal Government Plans
  - Health Plans Sponsored by the Federal Government
  - Medicare, Medicare+Choice, or Medicaid
  - Out-of-State Based Employer Plans, even if fully insured
- The Department also cannot:
  - Decide disputes of medical fact or opinion
  - Act as your attorney or provide legal advice
  - Intervene in contractual disputes between a provider and an insurer
  - Resolve a complaint if the only evidence is your word against the word of others

Before contacting the Department of Insurance regarding an alleged prompt payment violation, please do the following:

- Make every effort to determine the type of coverage. Pay careful attention to health plan ID cards. Insurance companies and HMOs often provide only administrative services, PPO access or "repricing" services under *self-funded* plans sponsored by employers. Such plans are exempt from Louisiana's prompt payment laws. Sometimes third party administrators provide various services on *fully insured* plans. Submit the full, exact name of the insurance company or HMO providing coverage under fully insured plans only.
- Contact the insurance company or HMO to verify that the claim was received and the date of receipt...
- Review your records to assure that the claim has not been paid, denied, or subjected to recoupment of benefits paid in error on another patient's claim.
- If the insurance company or HMO has requested additional information and you have not responded, the claim is not delinquent and should not be submitted as a complaint regarding "Prompt Payment".

In order to process your complaint, this Department requires:

- A properly completed complaint form.
- Only one complaint form per patient / family should be used. Please group such complaints by insurance company or HMO.
- A legible copy of the HCFA 1500 or UB92 form for each claim.
- Multiple dates of service may be addressed.
- Detailed, written explanations of your attempts to reconcile payment of the claim along with copies of all available supporting documentation, including a copy of the patient ID card.
- Do Not Send Duplicate Complaints. Once you have filed a complaint about a claim, please do not resubmit it with another batch, even if it is still outstanding.

How DOI investigates a prompt payment complaint:

- Within 2 weeks of filing, you should receive an acknowledgement letter listing your file number and the name of the compliance examiner who will investigate your complaint.
- An investigation usually takes 6 - 8 weeks, depending upon whether "just and reasonable grounds such as would put a reasonable and prudent businessman on his guard" exist.
- A copy of your complaint will be sent with a cover letter from your examiner asking for explanations from the insurance company or HMO.
- Your examiner will review responses received from the insurance company to assure that all issues have been properly addressed.
- Once the investigation is concluded, you will receive a detailed report of the examiner's findings along with copies of documentation furnished by the insurance company or HMO.
- Should you have new information or evidence pertinent to the outcome of the investigation, it may be submitted for review and possible further investigation.

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PROVIDER PROMPT PAYMENT COMPLAINT FORM
Part I

SECTION 1

Provider Information		
Name of Provider		
Address		
City	State	Zip Code
Contact Person		
Telephone Number	E-mail Address	

SECTION 2

√ Appropriate Box as it applies to the Provider	√ Appropriate Box as it applies to claim submission
☐ Contracted Provider	☐ Electronic Claim – Clearinghouse Name:
☐ Non-Contracted Provider	☐ Non-Electronic Claim

SECTION 3

Complaint Against		
Company Name	Telephone Number	
Address		
City	State	Zip Code

- **The Insurance Department investigates insurance related complaints against authorized insurance companies and health maintenance organizations (HMOs) only. The Department cannot act as your legal representative in a contract dispute. *All applicable information must be provided. Incomplete forms will be returned.***

DEPARTMENT USE ONLY – THIS COMPLAINT IS BEING RETURNED FOR THE FOLLOWING REASON (S)	
☐ Insufficient / Incomplete Information	
☐ Self-Funded Private Employer or Governmental Plan – No Jurisdiction	
☐ Not Against an Authorized Insurance Company	
☐ Contract Dispute – Please Follow Appropriate Grievance Procedures	
☐ Other:	
Returned by:	Date Returned:

LOUISIANA DEPARTMENT OF INSURANCE
Office of Health Insurance

PROVIDER PROMPT PAYMENT COMPLAINT FORM
Part II

SECTION 4

PATIENT INFORMATION		
Patient Name	**ID Number**	**Group Number**
Insured's Name and ID Number (If different from patient) –		
Coverage Type: ☐ **Major Medical** ☐ **HMO**		
Date of Service:		
Claim Number:		
Date of Claim Submission:		
Date Received by Insurance Company / HMO:		

SECTION 5

HISTORY OF EVENTS	
In ascending order, provide complete details of all attempts made to reconcile payment of this claim. Demonstrate historical events by the attachment of supporting documentation and identify each attachment as a corresponding exhibit. Attach a separate summary, if necessary.	
Example: Exhibit 1	Phoned ABC Ins Co on 1/15/2025 regarding status of claim – Phone Log attached as Exhibit 1

Before contacting this Department regarding an alleged prompt payment violation, please do the following:

- ★ **Only complaints regarding non-timely payment of Clean Claims should be filed. A "clean claim" as defined in LRS 250.30 (3) "means an accepted claim that has no defect or impropriety including any lack of required substantiating documentation or other particular circumstance requiring special treatment that prevents timely payment". "Clean claims" include correctly complete standardized claim forms us as: HCFA Form 1500 or UB 92 Form.**
- ★ **Make every effort to determine the type of coverage. *If the patient is covered under Medicare, Medicaid, Medicare+Choice, self-funded plan, or out-of-state based employer group plan, this Department lacks jurisdiction to assist. Also, Louisiana's "prompt payment' laws do not apply to workers compensation, or certain limited benefit health plans such as long term care, specified disease, disability, or accident only coverage.***
- ★ **Contact the Insurance Company or HMO to verify that the claim was received and on what date.**
- ★ **Review your records to assure that the claim has not been paid, denied or subjected to recoupment of benefits paid in error on another patient's claim.**
- ★ **If the Insurance Company or HMO has requested additional documentation and you have not supplied it, the claim is not delinquent and should not be submitted as a complaint.**

In order to process your complaint this Department requires:

- ✓ **A legible copy of the HCFA 1500 or UB 92 for each claim.**
- ✓ **Copies of supporting documentation (see Section 5 above).**
- ✓ **Only one complaint form per patient / family should be used.**
- ✓ **Multiple dates of service may be addressed.**
- ✓ **Copy of Insureds Insurance Card**
- ✓ **DO NOT SEND DUPLICATE COMPLAINTS**