

2022 Regular Session

SENATE BILL NO. 59

BY SENATOR FRED MILLS AND REPRESENTATIVE BAGLEY

MEDICAID. Provides relative to prepayment reviews conducted by Medicaid managed care organizations. (8/1/22)

1 AN ACT

2 To enact R.S. 46:460.76, relative to claim reviews conducted by Medicaid managed care
3 organizations; to provide for prepayment reviews; to provide for definitions; and to
4 provide for related matters.

5 Be it enacted by the Legislature of Louisiana:

6 Section 1. R.S. 46:460.76 is hereby enacted to read as follows:

7 **§460.76. Prepayment review**

8 **A. A Medicaid managed care organization or a contractor, assignee,**
9 **agent, or entity acting on the behalf of a Medicaid managed care organization**
10 **shall be prohibited from requiring any enrolled provider to be subject to**
11 **prepayment review unless the requirement is implemented directly by the**
12 **Louisiana Department of Health and in accordance with the provisions of the**
13 **Medical Assistance Programs Integrity Law, R.S. 46:437.1 et seq.**

14 **B. For the purposes of this Section, "prepayment review" means any**
15 **action by a Medicaid managed care organization or a contractor, assignee,**
16 **agent, or entity acting on the behalf of a Medicaid managed care organization**
17 **requiring a healthcare provider to provide medical record documentation in**

1 **conjunction with or after the submission of a claim for payment for medical**
2 **services rendered, but before the claim has been adjudicated by the Medicaid**
3 **managed care organization.**

The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Brandi Cannon.

DIGEST

SB 59 Engrossed

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Fred Mills

Present law provides for the Louisiana Medicaid managed care program and the payment of claims submitted by participating healthcare providers.

Proposed law retains present law and further provides that a Medicaid managed care organization or its contractor, assignee, or agent is prohibited from requiring any enrolled provider to be subject to prepayment review unless the requirement is implemented directly by the La. Dept. of Health and in accordance with the provisions of the Medical Assistance Programs Integrity Law.

Proposed law provides that "prepayment review" means requiring a healthcare provider to provide medical record documentation in conjunction with, or after, the submission of a claim for payment for medical services rendered but before the claim has been adjudicated by the Medicaid managed care organization.

Effective August 1, 2022.

(Adds R.S. 46:460.76)