RÉSUMÉ DIGEST

ACT 330 (HB 424) **2019 Regular Session** **Stagni**

New law defines "prior authorization denial" to mean any situation in which the La. Dept. of Health (LDH) or a Medicaid managed care organization (MCO) does not fully approve of services or items being requested by a healthcare provider, including any situation in which a service or item other than the exact service or item requested is approved.

New law provides that when claims are denied by an MCO based upon an opinion or interpretation by the MCO of a law, regulation, policy, procedure, or medical criteria or guideline, then the MCO shall provide with the remittance advice either instructions for accessing such source in the public domain or an actual copy of the law, regulation, policy, procedure, or medical criteria or guideline.

New law stipulates that the prior authorization requirements of LDH and each MCO shall either be furnished to a provider within 24 hours of the provider's request or posted in an easily searchable format on the website of the respective MCO or the department.

New law requires that if LDH or an MCO denies a prior authorization request, then LDH or the MCO shall provide written notice of the denial to the provider requesting the prior authorization within three business days of making the decision.

New law requires that if the denial of the prior authorization by LDH or an MCO is based upon an interpretation of a law, regulation, policy, procedure, or medical criteria or guideline, then the notice to the provider shall contain either instructions for accessing such source in the public domain or an actual copy of that law, regulation, policy, procedure, or medical criteria or guideline.

Effective August 1, 2019.

(Amends R.S. 46:460.71(C); Adds R.S. 46:460.51(15) and 460.74)