

RÉSUMÉ DIGEST

ACT 534 (SB 59)

2022 Regular Session

Fred Mills

Existing law provides for the Medicaid managed care program and the payment of healthcare provider claims by Medicaid managed care organizations (MCOs).

New law prohibits MCOs and their contractors, assignees, and agents from subjecting any Medicaid-enrolled healthcare provider to prepayment review unless the prepayment review requirement is implemented directly by the La. Dept. of Health in accordance with the Medical Assistance Programs Integrity Law.

New law defines "prepayment review" as any action by an MCO or an entity acting on behalf of the MCO which requires a healthcare provider to provide medical record documentation in conjunction with, or after submission of, a claim for payment for medical services rendered, but before the claim has been adjudicated by the MCO.

New law does not prohibit either of the following:

- (1) An MCO notifying the La. Dept. of Health of healthcare providers suspected of committing fraud and abuse.
- (2) The La. Dept. of Health requiring all MCOs to coordinate efforts to combat and prevent fraud and abuse pursuant to any requirements ordered by the department in accordance with the Medical Assistance Programs Integrity Law.

New law does not apply to any dental coordinated care network as defined in existing law.

Effective August 1, 2022.

(Adds R.S. 46:460.76)