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The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Christine Arbo Peck.

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DIGEST

SB 507 Original

2018 Regular Session

Mills

Proposed law provides that a Medicaid managed care organization shall be liable to a provider for payment of claims to the provider when the provider followed instructions of the managed care organization to his detriment and did not act with fault or fraudulent intent regarding enrollment, credentialing, or accreditation.

Proposed law provides that a Medicaid managed care organization shall be liable to the state for any payment to providers when the provider acts with fault or fraudulent intent regarding enrollment, credentialing, or accreditation.

Proposed law requires the managed care organization to cover the expense of reimbursement to the provider or to the state from the administrative funding allocated to the managed care organization. Proposed law requires the Louisiana Department of Health to impose monetary sanctions on the Medicaid managed care plan for the infractions established in proposed law in accordance with rules and regulations promulgated pursuant to the Administrative Procedure Act.

Proposed law gives the attorney general authority to investigate, enforce, and seek recoupment from the Medicaid managed care plans. Proposed law deposits monies received from the Medicaid managed care plans into the Medical Assistance Programs Fraud Detection Fund.

Effective August 1, 2018.

(Adds R.S. 46:460.72)