



**SENATE BILL 257:  
Appropriations Act of 2017, Sec. 11H.19:  
Prepayment Claims Review Modifications**

2017-2018 General Assembly

<b>Committee:</b>		<b>Date:</b>	August 22, 2017
<b>Introduced by:</b>		<b>Prepared by:</b>	Jennifer Hillman Staff Attorney
<b>Analysis of:</b>	Sec. 11H.19 of S.L. 2017-57		

**OVERVIEW:** *Sec. 11H.19 of S.L. 2017-57 amends the statute governing the Medicaid prepayment claims review process, which allows the Department of Health and Human Services (DHHS) to require certain Medicaid providers to submit documentation related to billed claims for review before the provider can receive Medicaid reimbursement for the claims. Changes to the prepayment review process made in this section include:*

- *DHHS may keep providers on prepayment review for up to 24 months (increased from 12 months).*
- *Providers must submit a certain volume of claims during the review period in order to meet the standards for successful completion of the prepayment review program.*
- *If claims for services that were provided with the timeframe that the provider was on prepayment review are submitted after prepayment review has ended, those claims may still be subject to review prior to payment.*
- *Certain aspects of provider terminations and appeals resulting from prepayment review are clarified.*

*This section becomes effective October 1, 2017, and applies to providers who are placed on prepayment review on or after that date and to written notices provided to providers on or after that date.*

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Legislative Analysis  
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