

Summary
2026 BR 1101 AN ACT relating to Medicaid managed care organizations.

(Includes changes from 2025 HB 787)

- Amend KRS 205.533 to require Medicaid managed care organizations to include certain information for providers on their websites;
- Amend KRS 205.534 to require managed care organizations to allow providers 120, rather than 60, days to file an appeal or grievance related to a reduction or denial of a claim;
- Establish penalties for a managed care organization's failure to ensure the timely disposition of any appeal or grievance;
- Require payment of any amount owed to a provider following an appeal to be paid within 30 days;
- Require payments made following an appeal to include interest in accordance with KRS 304.17A-730 and reasonable attorney's fees;
- Establish standards and requirements for provider audits;
- Require the inclusion of additional information in the monthly report filed by managed care organizations;
- Require the Department for Medicaid Services to submit an annual report to the Legislative Research Commission related to Medicaid claims, appeals, and grievances for the previous state fiscal year;
- Authorize the Department for Medicaid Services to promulgate administrative regulations to implement the provisions of the bill.

The major changes from 2025 HB 787 include Section 2 (1)(e) 10. and 12., Page 7 relating to provider audits.