





1 care organization has not notified the provider group that credentialing of the new  
2 provider has been denied.

3 \* \* \*

4 Section 3. This Act shall become effective upon signature by the governor or, if not  
5 signed by the governor, upon expiration of the time for bills to become law without signature  
6 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If  
7 vetoed by the governor and subsequently approved by the legislature, this Act shall become  
8 effective on the day following such approval.

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#### DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

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HB 595 Engrossed

2021 Regular Session

Dustin Miller

**Abstract:** Removes the requirement for new healthcare providers in a group practice to submit proof of active hospital privileges and requires health insurance issuers and managed care organizations (MCOs) to deem new providers as in-network for utilization management or prior authorization processes.

Present law ((R.S. 22:1874(A)(5) and (R.S. 46:460.62(A)) requires, under certain circumstances, a health insurance issuer or MCO to pay the contracted reimbursement rate for covered services rendered by a new provider who has not yet been credentialed, when the contracted healthcare group bills the respective issuer or MCO using a group identification number and the following circumstances apply:

- (1) The new provider has already been credentialed by the health insurance issuer or MCO and the provider's credentialing is still active with the issuer or MCO.
- (2) The health insurance issuer or MCO has received the required credentialing application, including proof of active hospital privileges, from the new provider and the issuer or MCO has not notified the provider group that the new provider's credentialing has been denied.

Proposed law retains present law but makes the following modifications:

- (1) Requires a health insurance issuer or MCO to consider a new provider as an in-network or participating provider for the purposes of utilization management or prior authorization processes required by the issuer or MCO.
- (2) Removes the requirement that the new provider submit proof of active hospital privileges.

Effective upon signature of governor or lapse of time for gubernatorial action.

(Amends R.S. 22:1874(A)(5)(a)(intro. para.) and (ii) and R.S. 46:460.62(A)(intro. para.) and (2))

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Insurance to the original bill:

1. Make a technical change to restore present law language requiring credentialing applications submitted by new providers to MCOs to be correctly and fully completed.