
SENATE FLOOR AMENDMENTS

2021 Regular Session

Amendments proposed by Senator Jackson to Engrossed Senate Bill No. 130 by Senator Jackson

1 AMENDMENT NO. 1

2 On page 1, delete line 2 and insert "To enact R.S. 22:1828 and 1964(30) and R.S. 46:460.75,
3 relative to"

4 AMENDMENT NO. 2

5 On page 1, delete line 8 and insert "Section 1. R.S. 22:1828 and"

6 AMENDMENT NO. 3

7 On page 1, delete lines 10 through 17

8 AMENDMENT NO. 4

9 On page 2, delete lines 1 through 10

10 AMENDMENT NO. 5

11 On page 2, delete lines 21 and 22 and insert ", or any similar entity."

12 AMENDMENT NO. 6

13 On page 4, after line 12 insert the following:

14 "Section 2. R.S. 46:460.75 is hereby enacted to read as follows:

15

16 **§460.75. Provider claim payment and information protection**

17 **A. If a health care provider submits a request, either orally or in writing,**
18 **to a managed care organization during the time prescribed by state law or**
19 **regulation in which a managed care organization can subject a claim to any**
20 **review or audit for purposes of reconsidering the validity of a claim, the**
21 **managed care organization shall provide, within two business days of such**
22 **request, a copy of all documentation that has been transmitted between the**
23 **health care provider and the managed care organization, or their respective**
24 **agents, that is associated with a claim for payment of a service. A managed care**
25 **organization may, in lieu of providing a physical copy, provide electronic access**
26 **of the documentation through the use of a provider portal or other electronic**
27 **means to the provider. All information or documentation required to be**
28 **provided to a health care provider by a managed care organization pursuant to**
29 **this Section, whether by physical copy or electronic access, shall be provided at**
30 **no cost to the health care provider.**

31 **B.(1) Any health care provider contract issued, amended, or renewed on**
32 **or after January 1, 2021, between a managed care organization, its contracted**
33 **vendor, or agent and a health care provider for the provision of health care**
34 **services to a Medicaid enrollee shall not contain restrictions on methods of**
35 **payment from the managed care organization or its vendor to the health care**
36 **provider in which the only acceptable payment method for health care services**
37 **rendered requires the health care provider to pay a transaction fee, provider**
38 **subscription fee, or any other type of fee or cost in order to accept payment**
39 **from the managed care organization for the provision of health care services,**
40 **or that would result in a monetary reduction in the health care provider's**
41 **payment for the health care services rendered.**

1 **(2) If initiating or changing payments to a health care provider using**
2 **electronic funds transfer payments a managed care organization, its contracted**
3 **vendor, or agent shall:**

4 **(a) Notify the health care provider if any fees are associated with a**
5 **particular payment method.**

6 **(b) Advise the provider of the available methods of payment and provide**
7 **clear instructions to the health care provider as to how to select an alternative**
8 **payment method that does not require the health care provider to pay a**
9 **transaction fee, provider subscription fee, or any other type of fee or cost in**
10 **order to accept payment from the managed care organization for the provision**
11 **of health care services.**

12 **C. The provisions of this Section shall not be waived by contract, and any**
13 **contractual clause in conflict with the provisions of this Section or that purport**
14 **to waive any requirements of this Section are void.**

15 **D. If the managed care organization, its contracted vendor, or agent**
16 **violates any provision of this Section, the department shall impose penalties on**
17 **the managed care organization in accordance with contract provisions or rules**
18 **and regulations promulgated pursuant to the Administrative Procedure Act,**
19 **except that penalties shall be imposed without the necessity of the department**
20 **having to issue any prior notice of corrective action.**

21 **E. As used in this Section, "electronic funds transfer" means an**
22 **electronic funds transfer through the federal Health Insurance Portability and**
23 **Accountability Act of 1996, P.L. 104-191, standard automated clearinghouse**
24 **network."**