

ACT No. 79

2021 Regular Session

HOUSE BILL NO. 595

BY REPRESENTATIVE DUSTIN MILLER

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AN ACT

To amend and reenact R.S. 22:1874(A)(5)(a)(introductory paragraph) and (ii) and R.S. 46:460.62(A)(introductory paragraph) and (2) and to enact R.S. 22:1874(A)(5)(a)(iii), relative to the payment of claims made by healthcare providers prior to credentialing; to deem a new healthcare provider as an in-network provider for certain purposes; to repeal the requirement that a new healthcare provider submit proof of active hospital privileges; to require a new healthcare provider to submit proof of membership on a hospital medical staff; to provide for exceptions; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1874(A)(5)(a)(introductory paragraph) and (ii) are hereby amended and reenacted and R.S. 22:1874(A)(5)(a)(iii) is hereby enacted to read as follows:

§1874. Billing by contracted healthcare providers

A.

* * *

(5)(a) Under certain circumstances and when the provisions of Subparagraph (b) of this Paragraph are met, a health insurance issuer contracting with a group of healthcare providers that bills a health insurance issuer utilizing a group identification number, such as the group federal tax identification number or the group National Provider Identifier as set forth in 45 CFR 162.402 et seq., shall pay the contracted reimbursement rate of the provider group for covered healthcare services rendered by a new provider to the group, without healthcare provider credentialing as described in R.S. 22:1009. In addition, the health insurance issuer

1 shall consider the new provider to be an in-network or participating provider for the
 2 purposes of any utilization management or prior authorization processes required by
 3 the health insurance issuer for that provider group. This provision shall apply in
 4 either of the following circumstances:

5 * * *

6 (ii) When the health insurance issuer has received the required credentialing
 7 application ~~and information~~, including proof of ~~active hospital privileges~~
 8 membership on a hospital medical staff, from the new provider and the issuer has not
 9 notified the provider group that credentialing of the new provider has been denied.

10 (iii) If the new provider is an advanced practice registered nurse or a
 11 physician assistant licensed in Louisiana, proof of membership on a hospital medical
 12 staff shall not be required if the provider provides a written attestation identifying the
 13 collaborating or supervising physician, if a physician relationship is required by law.

14 * * *

15 Section 2. R.S. 46:460.62(A)(introductory paragraph) and (2) are hereby amended
 16 and reenacted to read as follows:

17 §460.62. Interim credentialing requirements

18 A. Under certain circumstances and when the provisions of this Subsection
 19 are met, a managed care organization contracting with a group of healthcare
 20 providers that bills a managed care organization utilizing a group identification
 21 number, such as the group federal tax identification number or the group National
 22 Provider Identifier as set forth in 45 CFR 162.402 et seq., shall pay the contracted
 23 reimbursement rate of the provider group for covered healthcare services rendered
 24 by a new provider to the group without healthcare provider credentialing as
 25 described in this Subpart. In addition, the managed care organization shall consider
 26 the new provider to be an in-network or participating provider for the purposes of
 27 any utilization management or prior authorization processes required by the health
 28 insurance issuer for that provider group. This provision shall apply in either of the
 29 following circumstances:

30 * * *

1 (2) When the managed care organization has received the required
2 credentialing application that is correctly and fully completed ~~and information,~~
3 including proof of ~~active hospital privileges~~ membership on a hospital medical staff
4 from the new provider, and the managed care organization has not notified the
5 provider group that credentialing of the new provider has been denied. If the new
6 provider is an advanced practice registered nurse or a physician assistant licensed in
7 Louisiana, proof of membership on a hospital medical staff shall not be required, if
8 the provider provides a written attestation identifying the collaborating or
9 supervising physician, if a physician relationship is required by law.

* * *

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

SPEAKER OF THE HOUSE OF REPRESENTATIVES

PRESIDENT OF THE SENATE

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____