
DIGEST

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HB 775 Original

2018 Regular Session

Davis

Abstract: Provides for payment by a health insurance issuer to a new provider in a contracted network of healthcare providers and authorizes recovery of certain amounts upon denial of an application for credentialing.

Present law provides for the billing by and reimbursement of healthcare providers contracted with a health insurance issuer.

Proposed law retains present law.

Present law requires a health insurance issuer contracting with a group of physicians that bills the health insurance issuer using a group identification number to pay the contracted reimbursement rate of the physician group for covered healthcare services rendered by a new physician to the group, without healthcare provider credentialing, in either of the following circumstances:

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

Proposed law retains present law but expands the applicability to healthcare providers.

Present law requires a health insurance issuer to comply with present law no later than 30 days after receipt of a written request from the physician group that includes a statement that the physician group agrees that all contract provisions apply to the new physician for any claims for covered services rendered by the new physician to covered persons on dates of service no earlier than the date of the written request from the physician group.

Proposed law retains present law but expands the applicability to healthcare providers.

Present law provides that compliance by a health insurance issuer shall not be construed to mean that a physician has been credentialed by an issuer or that the issuer is required to list the physician in a directory of contracted physicians.

Proposed law retains present law but expands the applicability to healthcare providers.

Present law authorizes a health insurance issuer, if the insurer completes the credentialing process on a new physician and determines that the physician does not meet the issuer's credentialing requirements, to recover from the physician or the physician group an amount equal to the difference between appropriate payments for in-network benefits and out-of-network benefits if the health insurance issuer has notified the applicant physician of the adverse determination and initiated the recovery within 30 days of the adverse determination.

Proposed law retains present law but expands the applicability to healthcare providers.

Proposed law authorizes the physician or the physician group to retain any deductible, coinsurance, or copayment collected or in the process of being collected as of the date of receipt of the issuer's determination, so long as the amount is not in excess of the amount owed by the insured or enrollee for out-of-network services.

Proposed law retains present law but expands the applicability to healthcare providers.

(Amends R.S. 22:1874(A)(5))