
DIGEST

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HB 595 Original

2021 Regular Session

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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 and information, 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))