SENATE COMMITTEE AMENDMENTS

2021 Regular Session

Amendments proposed by Senate Committee on Health and Welfare to Original Senate Bill No. 108 by Senator Luneau

AMENDMENT NO. 1

On page 1, line 2, after "To" delete "enact R.S. 39:1648.1" and insert "amend and reenact R.S. 46:460.61 and to enact R.S. 39:1648.1 and R.S. 46:460.81(D)"

AMENDMENT NO. 2

On page 1, line 3, after "staff" and before "requirements" insert "training"

AMENDMENT NO. 3

On page 1, line 4, delete "certain health care provider audits;" and insert "rulemaking; to provide for credentialing; to provide for independent review of adverse determinations;"

AMENDMENT NO. 4

On page 1, line 5, after "definitions;" insert "to provide for an effective date;"

AMENDMENT NO. 5

On page 1, delete line 10 and on line 11, delete "**Medicaid program, any**" and insert "**A. Any**"

AMENDMENT NO. 6

On page 2, line 1, delete "**be domiciled in**" and on line 2, delete "**Louisiana and be knowledgeable of**" and insert "**receive annual training on Louisiana's Medicaid Behavioral Health Provider Manual and**"

AMENDMENT NO. 7

On page 2, line 7, delete "**under**" and delete lines 8 and 9 and insert "**in accordance with R.S. 46:460.61.**"

AMENDMENT NO. 8

On page 2, delete lines 10 through 22 and insert the following:

"**(3) Employees, contractors, and subcontractors of managed care organizations shall take all steps necessary to ensure that mental health rehabilitation services providers have the right to an independent review of an adverse action taken by the managed care organization in accordance with R.S. 46:460.81.**"

AMENDMENT NO. 9

On page 3, after line 20, insert the following:

"**E. The Louisiana Department of Health shall promulgate and adopt any rules and regulations necessary to implement the provisions of this Section.**

Section 2. R.S. 46:460.61 is hereby amended and reenacted and R.S. 46:460.81(D) is hereby enacted to read as follows:

This set of amendment(s) was prepared by Brandi Cannon.

§460.61. Provider credentialing

A. Any managed care organization that requires a health care provider to be credentialed, recredentialed, or approved prior to rendering health care services to a Medicaid recipient shall complete a credentialing process within ~~ninety~~ **sixty** days from the date on which the managed care organization has received all the information needed for credentialing, including the health care provider's correctly and fully completed application and attestations and all verifications or verification supporting statements required by the managed care organization to comply with accreditation requirements and generally accepted industry practices and provisions to obtain reasonable applicant-specific information relative to the particular or precise services proposed to be rendered by the applicant.

B.(1) Within thirty days of the date of receipt of an application, a managed care organization shall inform the applicant of all defects and reasons known at the time by the managed care organization in the event a submitted application is deemed to be not correctly and fully completed.

(2) A managed care organization shall inform the applicant in the event that any needed verification or a verification supporting statement has not been received within ~~sixty~~ **forty-five** days of the date of the managed care organization's request.

C. **A health care provider shall be considered credentialed, recredentialed, or approved if a managed care organization fails to do one of the following within sixty days of receipt of all the information needed for credentialing, including all documents required by Subsection A of this Section, and a signed provider agreement:**

(1) Review, approve, and load an approved applicant to its provider files in its claims processing system and submit on the electronic provider directory to the Louisiana Department of Health or their designee.

(2) Deny the application and ensure that the provider is not reimbursed for providing services to enrollees.

D. In order to establish uniformity in the submission of an applicant's standardized information to each managed care organization for which he may seek to provide health care services until submission of an applicant's standardized information in a paper format shall be superseded by a provider's required submission and a managed care organization's required acceptance by electronic submission, an applicant shall utilize and a managed care organization shall accept either of the following at the sole discretion of the managed care organization:

(1) The current version of the Louisiana Standardized Credentialing Application Form or its successor, as promulgated by the Department of Insurance.

(2) The current format used by the Council for Affordable Quality Healthcare (CAQH) or its successor.

E. A managed care organization that determines upon completion of the credentialing process that an applicant's health care provider does not meet the managed care organization's credentialing requirements, the managed care organization may initiate an action to recover from the health care provider or the provider group an amount equal to the difference between appropriate payments for out-of-network benefits and in-network benefits paid to the provider prior to completion of the credentialing process if both of the following requirements are met:

(1) The managed care organization notified the applicant health care provider of the adverse determination.

(2) The managed care organization initiated action for recovery no later than thirty days after the adverse determination.

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§460.81. Right of providers to independent review; applicability

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D. Notwithstanding any other provision of law, a mental health rehabilitation services provider shall have the right to an independent review of an adverse action taken by the managed care organization in accordance with this Subpart.

Section 3. This Act shall become effective on January 1, 2022."