

SENATE BILL NO. 108

BY SENATOR LUNEAU

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

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AN ACT

To amend and reenact R.S. 40:2162(D)(2)(a) and R.S. 46:460.61 and to enact R.S. 46:460.77.3 and 460.81(D), relative to the Medicaid managed care program; to provide relative to mental health rehabilitation services delivered through the program; to provide relative to Medicaid-covered specialized behavioral health rehabilitation services; to provide for staff training requirements; to provide for rulemaking; to provide for credentialing; to provide for penalties; to provide for definitions; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 40:2162(D)(2)(a) is hereby amended and reenacted to read as follows:

§2162. Specialized behavioral health rehabilitation services in the Louisiana medical assistance program

\* \* \*

D. In order to be eligible to receive Medicaid reimbursement, all behavioral health services providers shall ensure that any individual rendering PSR or CPST services for the licensed and accredited provider agency meets all of the following requirements:

\* \* \*

(2)(a) On and after July 1, 2018, any individual rendering PSR services for a licensed and accredited provider agency shall hold a minimum of a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology, or sociology. Any individual rendering PSR services who does not possess the minimum bachelor's degree required in this Paragraph, but who met all provider qualifications in effect prior to July 1, 2018, may continue to provide PSR services for the same provider agency. ~~Prior to the individual rendering PSR~~

1 ~~services at a different provider agency, he must comply with the provisions of this~~  
2 ~~Section any licensed and accredited provider agency.~~

3 \* \* \*

4 Section 2. R.S. 46:460.61 is hereby amended and reenacted and R.S. 46:460.77.3  
5 and 460.81(D) are hereby enacted to read as follows:

6 §460.61. Provider credentialing

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

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

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

24 C. A healthcare provider shall be considered credentialed,  
25 recredentialed, or approved and shall receive payment according to the  
26 Medicaid fee schedule if a managed care organization fails to do one of the  
27 following within sixty days of receipt of all information needed for  
28 credentialing, including all documents required by Subsection A of this Section,  
29 and a signed provider agreement:

30 (1) Review, approve, and load an approved applicant to its provider files

1 in its claims processing system and submit on the electronic provider directory  
 2 to the department or its designee.

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

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

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

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

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

24 (1) The managed care organization notified the applicant healthcare  
 25 provider of the adverse determination.

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

28 \* \* \*

29 §460.77.3. Staff training requirements

30 A. Employees, contractors, and subcontractors of managed care

1 organizations performing work or services related to the performance or  
2 supervision of audits, prior authorization determinations, and clinical reviews  
3 of mental health rehabilitation services providers shall receive annual training  
4 on Louisiana's Medicaid Behavioral Health Provider Manual and the relevant  
5 state laws, policies, and regulations related to the state's mental health  
6 rehabilitation program.

7 B. Employees, contractors, and subcontractors of managed care  
8 organizations shall take all necessary steps to ensure mental health  
9 rehabilitation services providers are rostered, credentialed, or otherwise eligible  
10 to provide and be reimbursed for mental health rehabilitation services in  
11 accordance with R.S. 46:460.61.

12 C. For purposes of this Section, the following definitions apply:

13 (1) "Mental health rehabilitation" means an outpatient healthcare  
14 program provider of any psychosocial rehabilitation, crisis intervention, or  
15 community psychiatric support and treatment services that promotes the  
16 restoration of community functioning and well-being of an individual diagnosed  
17 with a mental health or mental or emotional disorder. A mental health  
18 rehabilitation provider uses evidence-based supports and interventions designed  
19 to improve individual and community outcomes.

20 (2) "Mental health rehabilitation services" means outpatient services for  
21 adults with serious mental illness and children with emotional or behavioral  
22 disorders which are medically necessary to reduce the disability resulting from  
23 mental illness and assist in the recovery and resiliency of the recipient. Such  
24 services are home- and community-based and are provided on an as-needed  
25 basis to assist recipients in coping with the symptoms of their illness. The intent  
26 of mental health rehabilitation services is to minimize the disabling effects on  
27 the individual's capacity for independent living and to prevent or limit the  
28 periods of inpatient treatment.

29 D. The department shall promulgate in accordance with the  
30 Administrative Procedure Act all rules as are necessary to implement the

1 provisions of this Section.

2 \* \* \*

3 §460.81. Right of providers to independent review; applicability

4 \* \* \*

5 **D. Notwithstanding any other provision of law, a mental health**  
6 **rehabilitation services provider shall have the right to an independent review**  
7 **of an adverse determination taken by a managed care organization that results**  
8 **in a recoupment of the payment of a claim based upon a finding of waste or**  
9 **abuse.**

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

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PRESIDENT OF THE SENATE

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SPEAKER OF THE HOUSE OF REPRESENTATIVES

\_\_\_\_\_  
GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: \_\_\_\_\_