

RÉSUMÉ DIGEST

ACT 79 (HB 595)

2021 Regular Session

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Existing law ((R.S. 22:1874(A)(5) and (R.S. 46:460.62(A)) requires, under certain circumstances, a health insurance issuer or managed care organization (MCO) to pay the contracted reimbursement rate for covered services rendered by a new provider who has not yet been credentialed as described in existing law (R.S. 22:1009), when the following conditions apply:

- (1) The contracted healthcare group bills the respective issuer or MCO using a group identification number.
- (2) 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.

Existing law requires a health insurance issuer or MCO to receive the required credentialing application from a new provider. Prior law required the inclusion of proof of active hospital privileges.

New law deletes prior law.

New law requires the following:

- (1) 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 for the provider group.
- (2) Proof of the new provider's membership on a hospital medical staff.

New law adds an exception. Provides that proof of membership on a hospital medical staff is not required if a new provider is an advanced practice registered nurse or a physician assistant licensed in the state of La., and such provider submits a written attestation identifying the collaborating or supervising physician, if a physician relationship is required by law.

Effective upon signature of governor (June 4, 2021).

(Amends R.S. 22:1874(A)(5)(a)(intro. para.) and (ii) and R.S. 46:460.62(A)(intro. para.) and (2); Adds R.S. 22:1874(A)(5)(a)(iii))