

2018 Regular Session

SENATE BILL NO. 351

BY SENATOR THOMPSON

MEDICAID. Provides relative to Medicaid managed care organizations. (8/1/18)

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AN ACT

To amend and reenact R.S. 46:460.61(A) and (B) and to enact R.S. 46:460.61(D), relative to Medicaid managed care organizations; to provide for Medicaid provider credentialing; to provide for time lines; to provide for applicability to contracts; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 46:460.61(A) and (B) are hereby amended and reenacted and R.S. 46:460.61(D) is hereby enacted to read as follows:

§460.61. Provider credentialing

A. Any managed care organization that requires a health care provider to be credentialed, recertified, or approved prior to rendering health care services to a Medicaid recipient shall complete a credentialing process within ~~ninety~~ **forty-five** 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

1 to obtain reasonable applicant-specific information relative to the particular or
2 precise services proposed to be rendered by the applicant.

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

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

10 * * *

11 **D. The provisions of this Section shall apply to any contract or**
12 **subcontract entered into by any Medicaid managed care organization for**
13 **provider credentialing services and to any contract entered into by the**
14 **Louisiana Department of Health for Medicaid provider credentialing services.**

The original instrument and the following digest, which constitutes no part
of the legislative instrument, were prepared by Christine Arbo Peck.

DIGEST

SB 351 Original

2018 Regular Session

Thompson

Present law requires Medicaid managed care organizations to complete the credentialing process within 90 days from the date in which they receive a completed application. Proposed law requires this process to be complete within 45 days.

Present law requires Medicaid managed care organizations to inform the applicant of all defects and reasons the application cannot be completed within 30 days from the date in which they receive a completed application. Proposed law requires this notice to be issued within 15 days.

Present law requires a managed care organization to inform the provider of any missing application information within 60 days of the managed care organization's request for the information. Proposed law requires this notice within 30 days.

Proposed law requires the time lines of proposed law to apply to any contracts or subcontracts entered into by the managed care organizations or the Louisiana Department of Health for provider credentialing services.

Effective August 1, 2018.

(Amends R.S. 46:460.61(A) and (B); adds R.S. 46:460.61(D))