

New law, relative to Medicaid managed care, provides definitions.

Provides an exemption to the new law for any entity contracted with the Department of Health and Hospitals to provide fiscal intermediary services in processing claims of the health care providers.

Provides for provider credentialing. Requires managed care organizations requiring a health care provider to be credentialed, recertified, or approved prior to rendering health care services to a Medicaid recipient within 90 days from the date receiving the information needed for credentialing.

Provides for a managed care organization informing an applicant within 30 days of the date of the receipt of the application of all defects and reasons known for the application being deemed incorrectly or not fully completed.

Provides for a managed care organization informing an applicant in the event verification or a verification supporting statement not received within 60 days of the date of the managed care organization's request.

Provides for interim credentialing requirements.

Provides for an effective date of January 1, 2014.

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(Adds R.S. 46:460.31-460.32, 460.41-460.42, and 460.51)