

Senate File 359 - Introduced

SENATE FILE 359

BY JOCHUM

A BILL FOR

1 An Act relating to the credentialing and recredentialing of
2 Medicaid providers by a single state-procured credentialing
3 verification organization.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. MEDICAID PROGRAM — USE OF UNIFORM
2 AUTHORIZATION CRITERIA AND SINGLE CREDENTIALING VERIFICATION
3 ORGANIZATION. The department of human services shall develop
4 uniform authorization criteria for, and shall utilize a
5 request for proposals process to procure a single credentialing
6 verification organization to be utilized by the state in
7 credentialing and recredentialing providers for both the
8 Medicaid managed care and fee-for-service payment and delivery
9 systems. The department shall contractually require all
10 Medicaid managed care organizations to apply the uniform
11 authorization criteria and to accept verified information from
12 the single credentialing verification organization procured by
13 the state, and shall contractually prohibit Medicaid managed
14 care organizations from requiring additional credentialing
15 information from a provider in order to participate in the
16 Medicaid managed care organization's provider network.

17 EXPLANATION

18 The inclusion of this explanation does not constitute agreement with
19 the explanation's substance by the members of the general assembly.

20 This bill requires the department of human services (DHS) to
21 develop uniform authorization criteria for, and to utilize a
22 request for proposals process to procure a single credentialing
23 verification organization to be utilized in credentialing
24 and recredentialing providers for the Medicaid managed care
25 and fee-for-service payment and delivery systems. The bill
26 requires DHS to contractually require all Medicaid managed
27 care organizations (MCOs) to apply the uniform authorization
28 criteria and to accept verified information from the single
29 credentialing verification organization procured by the
30 state, and to contractually prohibit the MCOs from requiring
31 additional credentialing information from a provider in order
32 to participate in the Medicaid managed care organization's
33 provider network.