Senate Study Bill 3094 - Introduced

SENATE FILE _____
BY (PROPOSED COMMITTEE
ON COMMERCE BILL BY
CHAIRPERSON DAWSON)

A BILL FOR

An Act relating to Medicaid processes, procedures, and oversight.

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

DIVISION I

MEDICAID STREAMLINED PROCESSES AND OVERSIGHT

Section 1. MEDICAID STREAMLINED PROCESSES AND OVERSIGHT. The department of human services shall provide for the streamlining of and consistency in Medicaid program processes and procedures as follows:

1. For both fee-for-service and managed care administration, prior authorization requirements shall be based on those established by the Iowa Medicaid enterprise and that resources shall be available twenty-four hours per day, three hundred sixty-five days per year to evaluate prior authorization requests and avoid delays in the provision of medically necessary care and services.

2. All Medicaid managed care organizations under contract with the state shall utilize uniform payment authorization criteria and comply with contract provisions related to timely payment.

3. All Medicaid managed care organizations contracting with the state shall provide the Medicaid managed care organization's participating providers with the functionality to submit and track all claims, claim disputes, claim reconsiderations, and appeals on the Medicaid managed care organization's website to facilitate participation in an open and shared provider record.

DIVISION II

MEDICAID CREDENTIALING PROVISIONS

Sec. 2. MEDICAID PROGRAM —— USE OF UNIFORM AUTHORIZATION CRITERIA AND SINGLE CREDENTIALING VERIFICATION ORGANIZATION. The department of human services shall develop uniform authorization criteria and utilize a request for proposals process to procure a single credentialing verification organization to be utilized by the state in credentialing and recredentialing providers for both the Medicaid managed care and fee-for-service payment and delivery systems. The department shall contractually require all

Medicaid managed care organizations to apply the uniform authorization criteria, accept verified information from the single credentialing verification organization procured by the state, and approve or deny a provider's credentials within sixty days of receipt of the request for approval, and shall contractually prohibit Medicaid managed care organizations from requiring additional credentialing information from a provider in order to participate in the Medicaid managed care organization's provider network.

EXPLANATION

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

This bill relates to Medicaid processes, procedures, and oversight.

Division I of the bill provides for streamlined processes and oversight under the Medicaid program. The bill requires the department of human services (DHS) to provide for the streamlining of and consistency in Medicaid program processes and procedures relating to prior authorization requirements; utilization of uniform payment authorization criteria and compliance with contract provisions related to timely payment; and the submission and tracking of claims, claims disputes, claims reconsiderations, and appeals on the Medicaid managed care organization's website.

Division II of the bill requires DHS to develop uniform authorization criteria and utilize a request for proposals process to procure a single credentialing verification organization to be utilized in credentialing and recredentialing providers for the Medicaid managed care and fee-for-service payment and delivery systems. The division requires DHS to contractually require all Medicaid managed care organizations to apply the uniform authorization criteria, accept verified information from the single credentialing verification organization procured by the state, approve or deny a provider's application for credentialing within 60

days of submission for approval, and contractually prohibit the Medicaid managed care organizations from requiring additional credentialing information from a provider in order to participate in the Medicaid managed care organization's provider network.