DIGEST

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HB 734 Original 2018 Regular Session McFarland

Abstract: Requires the La. Dept. of Health to report data on healthcare provider claims submitted to Medicaid managed care organizations.

Proposed law requires the La. Dept. of Health (LDH), on or before Oct. 1, 2018, and on a quarterly basis thereafter, to produce and submit to the Joint Legislative Committee on the Budget and the House and Senate committees on health and welfare a report concerning the Medicaid managed care program, to be entitled the "Healthy Louisiana Quarterly Report".

Proposed law requires that the report include the following data on healthcare provider claims delineated by individual Medicaid managed care organization and separated by provider type:

(1) The total number and dollar amount of claims for which there was at least one denied claim line.

(2) The total number and dollar amount of completely denied claims.

(3) The total number and dollar amount of claims adjudicated in the reporting period.

(4) The total number and dollar amount of denied claims divided by the total number and dollar amount of claims adjudicated.

(5) The total number and dollar amount of adjusted claims.

(6) The total number and dollar amount of voided claims.

(7) The total number and dollar amount of duplicate claims.

(8) The total number and dollar amount of rejected claims.

(9) The total number and dollar amount of pended claims.

(10) For each of the five network billing providers with the highest number of total denied claims, the number of total denied claims expressed as a ratio to all claims adjudicated and the total dollar value of the claims.

Proposed law requires that LDH report the data specified in proposed law separately for the

following provider groups:

(1) Behavioral health providers.

(2) All other providers, collectively.

Proposed law requires that the report feature a narrative which includes, at minimum, the action steps which LDH plans to take in order to address all of the following:

(1) The five most common reasons for denial of claims submitted by healthcare providers other than behavioral health providers, including provider education to the five network billing providers with the highest number of total denied claims.

(2) The five most common reasons for denial of claims submitted by behavioral health providers, including provider education to the five network billing providers with the highest number of total denied claims.

(3) Means to ensure that provider education addresses root causes of denied claims and actions to address those causes.

(4) Claims denied in error by managed care organizations.

Proposed law requires that the report include all of the following data relating to encounter claims:

(1) The total number of encounter claims submitted by each Medicaid managed care organization to the state or its designee.

(2) The total number of encounter claims submitted by each Medicaid managed care organization that are not accepted by LDH or its designee.

Proposed law requires that the report include the following information relating to case management delineated by Medicaid managed care organization:

(1) The total number of Medicaid enrollees receiving case management services.

(2) The total number of Medicaid enrollees receiving case management services delineated by underlying reason for receiving those services.

(3) The total number of Medicaid enrollees eligible for case management services.

(Adds R.S. 46:460.91)