

2018 Regular Session

SENATE BILL NO. 108

BY SENATOR JOHNS

MEDICAID. Provides relative to the Medicaid managed care annual report. (gov sig)

1 AN ACT

2 To amend and reenact R.S. 40:1253.2(A)(1)(h) and (B), and to enact R.S. 40:1253.2(B), and
3 (C), and to repeal R.S. 40:1253.2(A)(3)(h), relative to the Medicaid managed care
4 annual report; to provide for report data; to provide for quarterly submission of
5 certain data regarding Medicaid expansion population and services; to provide for
6 quarterly submission of certain data regarding pharmacy benefit managers; to
7 provide for an effective date; and to provide for related matters.

8 Be it enacted by the Legislature of Louisiana:

9 Section 1. R.S. 40:1253.2(A)(1)(h) and (B) are hereby amended and reenacted and
10 R.S. 40:1253.2(C) is hereby enacted to read as follows:

11 §1253.2. Medicaid managed care program; reporting

12 A. The Louisiana Department of Health shall submit an annual report
13 concerning the Louisiana Medicaid managed care program and, if not included
14 within that program, any managed care program providing dental benefits to
15 Medicaid enrollees to the Senate and House committees on health and welfare. The
16 department shall submit the report by June thirtieth every year, and the applicable
17 reporting period shall be for the previous state fiscal year except for those measures

1 that require reporting of health outcomes which shall be reported for the calendar
2 year prior to the current state fiscal year. The report shall include:

3 (1) Except when inapplicable due to the types of healthcare benefits
4 administered by the particular managed care organization, the following information
5 related to the managed care organizations contracted with the state to provide
6 Medicaid-covered healthcare services to Medicaid enrollees:

7 * * *

8 ~~(h) A comparison of health outcomes, which includes but is not limited to the~~
9 ~~following, among each managed care organization:~~

10 ~~(i) Adult asthma admission rate.~~

11 ~~(ii) Congestive heart failure admission rate.~~

12 ~~(iii) Uncontrolled diabetes admission rate.~~

13 ~~(iv) Adult access to preventative/ambulatory health services.~~

14 ~~(v) Breast cancer screening rate.~~

15 ~~(vi) Well child visits.~~

16 ~~(vii) Childhood immunization rates~~ **A copy of the annual external quality**
17 **review technical report produced pursuant to 42 CFR 438.364.**

18 * * *

19 **B. The Louisiana Department of Health shall submit quarterly reports**
20 **to the Senate and House committee on health and welfare on Medicaid**
21 **expansion population and service utilization:**

22 **(1) Medicaid expansion population data shall include the following:**

23 **(a) Number of individuals enrolled in Medicaid for the reporting period**
24 **who are eligible as part of the expansion population.**

25 **(b) Number of individuals in the expansion population age nineteen to**
26 **forty-nine and number of individuals age fifty to sixty-four.**

27 **(c) Number of individuals in the expansion population in each age**
28 **category with earned income.**

29 **(d) Number of individuals in the expansion population in each age**

1 category assigned to a Medicaid managed care organization, identified by each
2 individual managed care organization.

3 (e) The per-member per-month cost paid to each managed care
4 organization to manage the care of the individuals in the expansion population
5 assigned to their plan, identified by each individual managed care organization.

6 (2) Medicaid expansion population utilization data shall include the
7 following:

8 (a) Comparison of individuals age nineteen to forty-nine, age fifty to
9 sixty-four, and those who are covered by Medicaid who are not part of the
10 expansion population utilizing the following services during the reporting
11 period:

12 (i) Emergency department.

13 (ii) Prescription drugs.

14 (iii) Physician services.

15 (iv) Hospital services.

16 (v) Non-emergency medical transportation.

17 (b) Expenditures associated with each service for individuals in the
18 expansion population age nineteen to forty-nine, age fifty to sixty-four, and
19 those who are covered by Medicaid who are not part of the expansion
20 population during the reporting period.

21 (3) The quarterly reports required in this Subsection shall be submitted
22 on the twentieth day of July, October, January, and April of each year, to
23 include the data required in this Subsection, identified by month for the prior
24 three months, with a collective chart of all data submitted to be included in the
25 annual report provided for in Subsection A of this Section.

26 B.(1) The Louisiana Department of Health shall submit quarterly reports
27 to the Senate and House committee on health and welfare on the following data
28 regarding the Medicaid managed care organization's pharmacy benefit
29 managers:

1 **(a) The name of each pharmacy benefit manager, identified as contracted**
2 **or owned by the Medicaid managed care organization.**

3 **(b) Whether the pharmacy benefit manager is a subsidiary of the parent**
4 **company of the Medicaid managed care organization.**

5 **(c) The total dollar amount paid to the pharmacy benefit manager by the**
6 **Medicaid managed care organization as a transaction fee for each processed**
7 **claim.**

8 **(d) The total dollar amount of the Medicaid drug rebates and**
9 **manufacturer discounts collected and retained by the pharmacy benefit**
10 **manager.**

11 **(e) The total dollar amount of the Medicaid drug rebates and**
12 **manufacturer discounts collected by the pharmacy benefit manager and**
13 **remitted to the Louisiana Department of Health.**

14 **(f) The total dollar amount retained by the pharmacy benefit manager**
15 **through "spread pricing". For purposes of reporting on the data required by**
16 **this Subparagraph, "spread pricing" shall be the actual amount paid as**
17 **reimbursement to a pharmacist as compared to the amount the pharmacy**
18 **benefit manager charged to and was reimbursed by the Medicaid managed care**
19 **organization to identify the excess amount paid to the pharmacy benefit**
20 **manager above what was paid to the pharmacist.**

21 **(g) Identification of any other dollars retained by the pharmacy benefit**
22 **manager not otherwise provided for in this Subsection that are not reimbursed**
23 **to pharmacists.**

24 **(2) The quarterly reports required in this Subsection shall be submitted**
25 **on the twentieth day of July, October, January, and April of each year, to**
26 **include the data required in this Subsection, identified by month for the prior**
27 **three months, with a collective chart of all data submitted to be included in the**
28 **annual report provided for in Subsection A of this Section.**

29 ~~B.C.~~ To the greatest extent possible, the Louisiana Department of Health

1 shall include in the report at least three years of historical data for each of the
2 measures set forth in Subsection A of this Section.

3 Section 2. R.S. 40:1253.2(A)(3)(h) is hereby repealed.

4 Section 3. This Act shall become effective upon signature by the governor or, if not
5 signed by the governor, upon expiration of the time for bills to become law without signature
6 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
7 vetoed by the governor and subsequently approved by the legislature, this Act shall become
8 effective on the day following such approval.

The original instrument was prepared by Christine Arbo Peck. The following digest, which does not constitute a part of the legislative instrument, was prepared by Linda Nugent.

DIGEST

SB 108 Reengrossed

2018 Regular Session

Johns

Present law requires the Louisiana Department of Health to include a comparison of enumerated health outcomes in the Medicaid managed care annual report. Proposed law deletes enumerated list and requires inclusion of all data submitted in the annual external quality review technical report required by federal law.

Proposed law provides for annual reporting by LDH on any managed care program providing dental benefits.

Proposed law provides for quarterly reporting by the Louisiana Department of Health on certain Medicaid expansion population and service utilization data, with a collective summary to be included in the annual report.

Proposed law provides for quarterly reporting by the Louisiana Department of Health on certain funding categories of Medicaid managed care organization pharmacy benefit managers, with a collective summary to be included in the annual report.

Effective upon signature of the governor or lapse of time for gubernatorial action.

(Amends R.S. 40:1253.2(A)(1)(h) and (B); adds R.S. 40:1253.2(B) and (C); repeals R.S. 40:1253.2(A)(3)(h))

Summary of Amendments Adopted by Senate

Senate Floor Amendments to engrossed bill

1. Provides for quarterly reporting by LDH on certain Medicaid expansion population and service utilization data.
2. Provides for quarterly reporting by LDH on certain funding categories of Medicaid managed care organization pharmacy benefit managers.
3. Provides for annual reporting by LDH on any managed care program providing dental benefits.