

2018 Regular Session

HOUSE BILL NO. 780

BY REPRESENTATIVE MAGEE

MEDICAID: Provides for an independent review process in Medicaid managed care program for dental services claims

1 AN ACT

2 To amend and reenact R.S. 46:460.82(introductory paragraph), 460.84(A), and

3 460.85(A)(introductory paragraph), to enact R.S. 46:460.51(14), 460.84(C),

4 460.85.1, and 460.90, and to repeal R.S. 46:460.89, relative to the Medicaid managed

5 care program; to provide for duties of the Louisiana Department of Health in

6 administering the program; to establish a process for review of dental provider

7 claims submitted to dental coordinated care networks; to provide for reviews of

8 claim payment determinations which are adverse to dental providers; to establish a

9 panel for selection of independent dental claims reviewers; to provide for

10 membership of the panel; to provide for independent dental claims review

11 procedures; to provide relative to fees for dental claims review services; and to

12 provide for related matters.

13 Be it enacted by the Legislature of Louisiana:

14 Section 1. R.S. 46:460.82(introductory paragraph), 460.84(A), and

15 460.85(A)(introductory paragraph) are hereby amended and reenacted and R.S.

16 46:460.51(14), 460.84(C), 460.85.1, and 460.90 are hereby enacted to read as follows:

17 §460.51. Definitions

18 As used in this Part, the following terms have the meaning ascribed in this

19 Section unless the context clearly indicates otherwise:

20 * * *

CODING: Words in ~~struck through~~ type are deletions from existing law; words underscored are additions.

1 (c) Continually review the number and outcome of requests for
2 reconsideration and independent reviews on an aggregated basis.

3 (2)(a) The reviewer pool selected by the Dental Claims Review Panel shall
4 be comprised of dentists who are on the faculty of the Louisiana State University
5 School of Dentistry and have agreed to applicable terms for compensation,
6 confidentiality, and related provisions established by the department. The reviewer
7 pool shall include:

8 (i) For each of the following specialties, at least one dentist who has
9 completed a residency approved by the Commission on Dental Accreditation in that
10 specialty:

11 (aa) Periodontics.

12 (bb) Endodontics.

13 (cc) Prosthodontics.

14 (dd) Oral and maxillofacial surgery.

15 (ii) At least two dentists who have completed a residency approved by the
16 Commission on Dental Accreditation in pediatric dentistry.

17 (b)(i) The reviewer pool shall not include any dentist who is currently
18 performing compensated services for a dental coordinated care network, whether the
19 compensation is paid directly or through a contract with Louisiana State University
20 School of Dentistry or other state entity, or has received any such compensation at
21 any time in the prior twelve months.

22 (ii) The reviewer pool shall not include any dentist who has received
23 reimbursement for dental services rendered to Medicaid patients in a private practice
24 setting in the past sixty days. Louisiana State University School of Dentistry clinics,
25 including Louisiana State University School of Dentistry faculty practice, shall not
26 be considered a private practice setting for the purposes of determining eligibility to
27 participate in the reviewer pool.

28 (c) No dentist shall be eligible to submit denied Medicaid claims for
29 independent review while participating in the reviewer pool.

1 a written notice with the department requesting the adverse action be submitted to
2 an independent reviewer as provided for in this Subpart. The notice requesting an
3 independent review shall be received by the department within sixty days from either
4 the date the dentist receives notice of the decision of the reconsideration request; or,
5 if the dental coordinated care network does not respond to the reconsideration
6 request within the time frames allowed in this Section, within ten days of the last
7 date of the time period allowed for the dental coordinated care network to respond.

8 (b) The department shall provide by rule for the appropriate address to be
9 used by the dentist for submission of the notice required by this Section. The dentist
10 shall include a copy of the written request for appeal or reconsideration with the
11 request for an independent review.

12 (c) If the dental coordinated care network reverses the adverse determination
13 pursuant to a request for reconsideration, payment of the claim or claims in dispute
14 shall be paid no later than twenty days from the date of the decision.

15 (4)(a) Upon receipt of a notice of request for independent review and all
16 required supporting information and documentation for a claim denied by a dental
17 coordinated care network, the department shall refer the adverse determination to the
18 dental claims review panel. The panel shall use best efforts to refer an equal
19 proportion of the total number of disputed claims to each eligible independent
20 reviewer.

21 (b) Subject to approval by the independent reviewer, a dentist may aggregate
22 multiple adverse determinations involving the same dental coordinated care network
23 when the specific reason for nonpayment of the claims aggregated involve a dispute
24 regarding a common substantive question of fact or law. The sole fact that a claim
25 is not paid does not create a common substantive question of fact or law unless the
26 dentist has received no remittance advice or other written or electronic notice from
27 a dental coordinated care network either partially or totally denying the claims from
28 the dental coordinated care network as of the time the dentist submits the request for

1 independent review and the claims involve a common substantive question of fact
2 or law.

3 (5)(a) Within fourteen calendar days of receipt of the request for independent
4 review, the independent reviewer shall request in writing that both the dentist and the
5 dental coordinated care network provide the reviewer all information and
6 documentation regarding the disputed claim or claims. The independent reviewer
7 shall request the dentist and dental coordinated care network to identify all
8 information and documentation that have been submitted by the dentist to the dental
9 coordinated care network regarding the disputed claim or claims. Further, the
10 independent reviewer shall advise the dental coordinated care network and the
11 dentist that he will not consider any information or documentation not received
12 within thirty calendar days of receipt of his request or any information submitted by
13 the dentist that was not submitted to the dental coordinated care network as part of
14 the request for reconsideration.

15 (b) If a dentist elected to aggregate his claims, the independent reviewer
16 may, upon request, allow for up to an additional thirty days for both the dentist and
17 dental coordinated care network to provide relevant information related to the
18 independent review requests.

19 (6)(a) If the independent reviewer determines that guidance on an
20 administrative issue from the department is required to make a decision, then the
21 reviewer shall refer this specific issue to the department for review and response
22 unless the department designates a different contact for this function by rule.
23 Administrative issues requiring referral may include the matter of whether a dental
24 benefit is a covered service under the Medicaid program.

25 (b) The department shall provide a concise response to the request within
26 thirty calendar days after receipt.

27 (7)(a) Upon receipt of the information requested from the dentist and dental
28 coordinated care network or the lapse of the time period for the dental coordinated
29 care network and dentist to submit information along with receipt of any applicable

1 responses from the department for guidance on an administrative issue, the
2 independent reviewer shall examine all materials submitted and render a decision on
3 the dispute within sixty calendar days. However, the independent reviewer may
4 request in writing an extension of time from the Dental Claims Review Panel to
5 resolve the dispute. If an extension of time is granted by the panel, then the
6 independent reviewer shall provide notice of the extension of time to both the dentist
7 and the dental coordinated care network involved in the dispute.

8 (b) In reaching a decision, the independent reviewer shall not consider any
9 information or documentation from the dentist that the dentist did not submit to the
10 dental coordinated care network during the dental coordinated care network's review
11 of the dentist's request for reconsideration of the adverse determination.

12 (8) Upon rendering a decision, the independent reviewer shall send to the
13 dental coordinated care network, the dentist, and the department a copy of the
14 decision. Once the independent reviewer renders a decision requiring a dental
15 coordinated care network to pay any claim or portion of a claim, then the dental
16 coordinated care network shall send the payment in full along with interest back to
17 the date the claim was originally denied or recouped to the dentist within twenty
18 calendar days of the date of the reviewer's decision.

19 Section 2. R.S. 46:460.89 is hereby repealed in its entirety.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 780 Engrossed

2018 Regular Session

Magee

Abstract: Establishes an independent review process in the Medicaid managed care program for claims for dental services.

Proposed law defines "dental coordinated care network" as a Medicaid managed care organization or prepaid coordinated care network, as defined in present law, that provides or administers only dental benefits for Medicaid recipients.

Present law establishes a process for independent reviews of claims of healthcare providers, other than dental providers, submitted to Medicaid managed care organizations. Proposed law revises present law to establish a process for independent reviews of claims of dental providers submitted to a dental coordinated care network.

Proposed law creates the Dental Claims Review Panel, referred to hereafter as the "panel", within the La. Dept. of Health (LDH). Provides that the duties of the panel shall pertain to the independent review of dental claims reviewed in accordance with proposed law.

Proposed law provides that the panel shall consist of the secretary of LDH or his duly designated representative and the following members appointed by the secretary:

- (1) One representative from each dental coordinated care network.
- (2) A number of dentist representatives equal to the number of representatives from dental coordinated care networks. Dentist representatives shall be nominated by the La. Dental Association.
- (3) The dean of the Louisiana State University (LSU) School of Dentistry or his designee.

Proposed law requires that all decisions of the panel be made by a majority vote, and that the chairman of the panel shall not be restricted to voting only in the event of a tie. Requires the panel to meet at least once per year and provides that its members shall serve without compensation.

Proposed law requires the panel to do all of the following:

- (1) Select a chairperson.
- (2) Select and identify an appropriate number of independent reviewers to comprise a reviewer pool in accordance with requirements provided in proposed law.
- (3) Continually review the number and outcome of requests for reconsideration and independent reviews on an aggregated basis.

Proposed law prohibits the panel from collecting or accepting any patient-identifying information for any reason.

Proposed law requires the secretary of LDH report to the panel the name of any provider who submits 10 or more requests for independent review along with the percentage of adverse determinations that are overturned. Provides that the following procedure shall govern the process for independent review of an adverse determination taken against a dentist by a dental coordinated care network:

- (1) Prior to submitting a request for independent review, a dentist shall submit a written request for appeal or reconsideration to the dental coordinated care network any claim that meets either of the following criteria:
 - (a) The claim has been denied either partially or totally.
 - (b) More than 60 days have elapsed since the claim was submitted and the dentist has received no remittance advice or other written or electronic notice from the dental coordinated care network either partially or totally denying the claim.
- (2) The dental coordinated care network shall acknowledge in writing its receipt of an appeal or reconsideration request within five calendar days after receipt of the request. The network shall render a final decision and provide a response to the dentist within 45 calendar days from the date of receipt of the request for appeal or reconsideration, unless a longer time to completely respond is agreed upon in writing by the dentist and the network.

- (3) Pursuant to the appeal or reconsideration request, if the dental coordinated care network upholds the adverse determination or does not respond to the request within the time frames allowed in proposed law, then the dentist may file a written notice with LDH requesting the adverse action be submitted to an independent reviewer as provided for in proposed law. If the network reverses the adverse determination pursuant to a request for reconsideration, payment of the claim or claims in dispute shall be paid no later than 20 days from the date of the decision.
- (4) Upon receipt of a notice of request for independent review and all required supporting information and documentation for a claim denied by a dental coordinated care network, LDH shall refer the adverse determination to the dental claims review panel.
- (5) Within 14 calendar days of receipt of the request for independent review, the independent reviewer shall request in writing that both the dentist and the dental coordinated care network provide the reviewer all information and documentation regarding the disputed claim or claims. The independent reviewer shall request the dentist and network to identify all information and documentation that have been submitted by the dentist to the network regarding the disputed claim or claims. Further, the independent reviewer shall advise the network and the dentist that he will not consider any information or documentation not received within 30 calendar days of receipt of his request or any information submitted by the dentist that was not submitted to the network as part of the request for reconsideration.
- (6) Upon receipt of the information requested from the dentist and dental coordinated care network or the lapse of the time period for the network and dentist to submit information along with receipt of any applicable responses from LDH for guidance on an administrative issue, the independent reviewer shall examine all materials submitted and render a decision on the dispute within 60 calendar days. However, the independent reviewer may request in writing an extension of time from the Dental Claims Review Panel to resolve the dispute. If an extension of time is granted by the panel, then the independent reviewer shall provide notice of the extension of time to both the dentist and the dental coordinated care network involved in the dispute.
- (7) Upon rendering a decision, the independent reviewer shall send to the dental coordinated care network, the dentist, and LDH a copy of the decision. Once the independent reviewer renders a decision requiring a dental coordinated care network to pay any claim or portion of a claim, then the network shall send the payment in full along with interest back to the date the claim was originally denied or recouped to the dentist within 20 calendar days of the date of the reviewer's decision.

Proposed law provides that fees paid by dental coordinated care networks for independent dental claim reviews conducted in accordance with proposed law shall be in an amount established in a contract or memorandum of understanding between LDH and the LSU School of Dentistry. Provides that such fees shall be paid to the LSU School of Dentistry.

(Amends R.S. 46:460.82(intro. para.), 460.84(A), and 460.85(A)(intro. para.); Adds R.S. 46:460.51(14), 460.84(C), 460.85.1, and 460.90; Repeals R.S. 46:460.89)