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HOUSE FLOOR AMENDMENTS

2018 Regular Session

Amendments proposed by Representative Cox to Reengrossed Senate Bill No. 108 by Senator Johns

1 AMENDMENT NO. 1

2 On page 1, line 2, delete "R.S. 40:1253.2(A)(1)(h)" and insert in lieu thereof "R.S.
3 40:1253.2(A)(1)(g) and (h)"

4 AMENDMENT NO. 2

5 In Amendment No. 2 of the set of House Committee Amendments by the Committee on
6 Health and Welfare (#2985) on page 1, line 6, delete "R.S. 40:1253.2(C) and (D)," and insert
7 in lieu thereof "R.S. 40:1253.2(A)(3)(g)(v) through (vii), (C), and (D),"

8 AMENDMENT NO. 3

9 On page 1, line 9, delete "R.S. 40:1253.2(A)(1)(h)" and insert in lieu thereof "R.S.
10 40:1253.2(A)(1)(g) and (h)"

11 AMENDMENT NO. 4

12 Delete Amendment No. 3 of the set of House Committee Amendments by the Committee
13 on Health and Welfare (#2985)

14 AMENDMENT NO. 5

15 On page 1, at the beginning of line 10, change "R.S. 40:1253.2(C) is" to "R.S.
16 40:1253.2(A)(3)(g)(v) through (vii), (C), and (D) are"

17 AMENDMENT NO. 6

18 On page 2, between lines 7 and 8, insert the following:

19 "(g)(i) The medical loss ratio of each managed care organization and the
20 amount of any refund to the state for failure to maintain the required medical loss
21 ratio.

22 (ii) With respect to the monies comprising the managed care organization's
23 medical loss ratio, the report shall include the following information:

24 (aa) Total expenditures on patient care.

25 (bb) Total expenditures on healthcare quality improvements.

26 (cc) Total expenditures on healthcare information technology.

27 (dd) Total expenditures on goods and services other than patient care,
28 healthcare quality improvements, and healthcare information technology."

29 AMENDMENT NO. 7

30 On page 2, between lines 18 and 19, insert the following:

1 "(3) The following information related to healthcare services provided by
2 healthcare providers to Medicaid enrollees enrolled in each of the managed care
3 organizations:

4 * * *

5 (g) The following information concerning pharmacy benefits delineated by
6 each managed care organization and by month:

7 * * *

8 (v) The average and range of times for responding to prior authorization
9 requests.

10 (vi) The number of prior authorization requests denied, delineated by the
11 reasons for denial.

12 (vii) The number of claims denied after prior authorization was approved,
13 delineated by the reasons for denial."