

SENATE SUMMARY OF HOUSE AMENDMENTS

SB 108

2018 Regular Session

Johns

KEYWORD AND SUMMARY AS RETURNED TO THE SENATE

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

SUMMARY OF HOUSE AMENDMENTS TO THE SENATE BILL

1. Makes technical, corrective, and clarifying changes.
2. Adds provisions regarding the report as to monies comprising the managed care organization's medical loss ratio.
3. Adds provisions regarding including information related to healthcare services provided by healthcare providers to Medicaid enrollees enrolled in each of the managed care organizations.

DIGEST OF THE SENATE BILL AS RETURNED TO THE SENATE

SB 108 Reengrossed

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Present law requires the La. Department of Health (LDH) to produce an annual report on the Medicaid managed care program and provides requirements for the content of the report.

Present law requires that the report include certain data concerning a specific set of health outcomes. Proposed law deletes present law and requires instead that the report include a copy of the annual external quality review technical report produced pursuant to federal Medicaid managed care regulations.

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

Proposed law requires that the report as to monies comprising the managed care organization's medical loss ratio include total expenditures on patient care; total expenditures on healthcare quality improvements; total expenditures on healthcare information technology and total expenditures on goods and services other than patient care, healthcare quality improvements, and healthcare information technology.

Proposed law provides that as to information related to healthcare services provided by healthcare providers to Medicaid enrollees enrolled in each of the managed care organizations, information concerning pharmacy benefits delineated by each managed care organization and by month include the average and range of times for responding to prior authorization requests; the number of prior authorization requests denied, delineated by the reasons for denial; and the number of claims denied after prior authorization was approved, delineated by the reasons for denial.

Proposed law provides for quarterly reporting by LDH on the Medicaid managed care organizations' pharmacy benefit managers, with a collective summary to be included in the Medicaid managed care annual report.

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

(Amends R.S. 40:1253.2(A)(1)(g) and (h) and (B); adds R.S. 40:1253.2(A)(3)(g)(v) - (vii), (C) and (D))

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