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## DIGEST

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Stuart Bishop

HB No. 392

**Abstract:** Provides relative to continuity of care for newborns enrolled in Medicaid managed care.

Proposed law requires each Medicaid managed care organization which contracts with DHH to compensate, at a minimum, the Medicaid fee-for-service rate in effect for the dates of service for all primary care services rendered to a newborn Medicaid beneficiary within 30 days of the beneficiary's birth regardless of whether the Medicaid provider rendering the services is contracted with the managed care organization.

Proposed law requires that on or before Jan. 1, 2014, and annually thereafter, DHH report to the legislative committees on health and welfare the incidence and causes of all re-hospitalizations of infants born premature at less than 37 weeks gestational age and who are within the first six months of life.

Proposed law prohibits DHH from amending or otherwise altering any existing per member per month contractual rate of a managed care organization in effect on the effective date of proposed law for any purpose which is related to the implementation of proposed law.

(Adds R.S. 46:460.41-460.42)

### Summary of Amendments Adopted by House

Committee Amendments Proposed by House Committee on Health and Welfare to the original bill.

1. Added exemption from provisions of proposed law for any entity that contracts with DHH to provide fiscal intermediary services in processing claims of health care providers.
2. Deleted language providing that nothing in proposed law relative to provider credentialing shall be construed to require a managed care organization credentialing or approval in determining inclusion or participation in the organization's contracted network.
3. Deleted a requirement that each CPT code listed on the approved Medicaid fee-for-service fee schedule be considered payable by each Medicaid managed care

organization or a fiscal agent or intermediary of the organization. Added in lieu thereof a requirement that all managed care organizations recognize in their fee schedules all CPT codes which are included in the Medicaid fee-for-service fee schedule.

4. Deleted a requirement that each managed care organization compensate, at a minimum, the Medicaid fee-for-service rate in effect on the dates of service for all care rendered to a newborn Medicaid beneficiary by a nonparticipating Medicaid provider within 30 days of the beneficiary's birth. Added in lieu thereof a requirement that each managed care organization compensate, at a minimum, the Medicaid fee-for-service rate in effect for the dates of service for all primary care services rendered to a newborn Medicaid beneficiary within 30 days of the beneficiary's birth regardless of whether the Medicaid provider rendering the services is contracted with the managed care organization.
5. Added a requirement that on or before Jan. 1, 2014, and annually thereafter, DHH report to the legislative committees on health and welfare the incidence and causes of all re-hospitalizations of infants born premature at less than 37 weeks gestational age and who are within the first six months of life.
6. Changed effective date of proposed law from date of signature by governor or lapse of time for gubernatorial action to August 1, 2013.
7. Made technical changes.

House Floor Amendments to the engrossed bill.

1. Changed heading of new Part created by proposed law from "Medicaid Managed Care Administrative Simplification" to "Continuity of Care for Newborns Enrolled in Medicaid Managed Care".
2. Deleted the following defined terms and their respective definitions from proposed law: "applicant", "credentialing", "enrollee", "health care services", "primary care case management", "secretary", "standardized information", and "verification".
3. Deleted all provisions of proposed law relative to provider credentialing.
4. Deleted all provisions of proposed law relative to claim payment except for those relative to payment for care rendered to newborns.
5. Added provision prohibiting DHH from amending or otherwise altering any existing per member per month contractual rate of a managed care organization in effect on the effective date of proposed law for any purpose which is related to the implementation of proposed law.