
DIGEST

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SB 109 Reengrossed

2015 Regular Session

Johns

Present law requires on an annual basis the Department of Health and Hospitals (DHH) to submit an annual report concerning the Louisiana Medicaid Bayou Health program and the Louisiana Behavioral Health Partnership and Coordinated System of Care programs to the Senate and House committees on health and welfare.

Proposed law amends present law to require both reports be based on the fiscal year except for the report measures specifically measured on calendar year.

Proposed law amends present law by replacing the term "coordinated care network" with "managed care organization".

Proposed law amends present law by removing reported outcomes and comparisons to Legacy Medicaid.

Proposed law adds a requirement that the report to be issued by DHH include the following information concerning managed care organizations administering dental benefits:

- (1) A comparison of oral health outcomes including but not limited to the percentage of eligible patients that saw a dentist within the year addressed by the report.
- (2) The rates of certain procedures performed on enrollees who saw a dentist.
- (3) Information concerning prior authorization requests and denials, delineated by type of procedure.

Proposed law adds that the report shall include information concerning Medicaid drug rebates and manufacturer discounts delineated by each managed care organization and the prescription benefit manager contracted or owned by the managed care organization.

Proposed law adds to the report a monthly total dollar amount of Medicaid drug rebates and discounts collected and used; also adds a monthly total dollar amount of Medicaid drug rebates and discounts collected and remitted to DHH.

Proposed law clarifies the reporting metrics for evaluation purposes.

Proposed law replaces the term "geographical service area" with "parish".

Proposed law replaces the term "human service district or local government entity" with "parish".

Proposed law amends present law by consolidating reporting metrics on referral calls to the Louisiana Behavioral Health Partnership into a single metric for all referrals.

Proposed law amends present law by replacing the requirement to report specified reasons for a claim denial with the requirement to report the top five reasons for claim denials.

Proposed law requires a final report on the Louisiana Behavioral Health Partnership's integration into Medicaid managed care to be issued no later than six months after integration.

Proposed law provides that prior to August 1, 2015, every managed care organization contracted with the state to provide Medicaid services to Medicaid enrollees shall report to DHH the uniform resource locator of a webpage which contains a publicly accessible copy

of all practice guidelines utilized by each managed care organization which are required to be made available to healthcare providers pursuant to federal regulations (42 CFR 438.236(c)). Requires DHH to place and maintain publicly accessible web links to each of these webpages upon its website.

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

(Amends R.S. 40:1300.361(A)(2) and 1300.362-1300.364)

Summary of Amendments Adopted by Senate

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

1. Provides for information to be reported by the Department of Health and Hospitals from Medicaid managed care organizations that will be placed and maintained on the department's publicly accessible website.
2. Technical changes.

Summary of Amendments Adopted by Senate

Senate Floor Amendments to engrossed bill

1. Makes Legislative Bureau technical changes.
2. Adds to the report the monthly total dollar amounts of Medicaid drug rebates and discounts collected and used, and those returned to DHH.

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Health and Welfare to the reengrossed bill:

1. Add managed care programs providing dental benefits to Medicaid enrollees as managed care organizations to which the reporting requirements of present law and proposed law apply.
2. Provide that the DHH report relative to managed care organizations administering dental benefits shall include:
 - (a) A comparison of oral health outcomes including but not limited to the percentage of eligible patients that saw a dentist within the fiscal year addressed by the report
 - (b) The rates of the following procedures performed on those who saw a dentist: Adult oral prophylaxis, child oral prophylaxis, dental sealants, fluoride varnish, amalgam fillings, composite fillings, stainless steel crowns, extractions of primary teeth, extractions of permanent teeth, pulpotomies performed on primary teeth, and root canals performed on permanent teeth.
 - (c) The following information concerning prior authorization requests, delineated by type of procedure:
 - (i) The number of prior authorization requests.
 - (ii) The average and range of times for responding to prior authorization requests.
 - (iii) The number of prior authorization requests denied, delineated by the reasons for denial.

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

3. Make technical changes.