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## DIGEST

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HB 586 Original

2017 Regular Session

Hunter

**Abstract:** Provides for continuity of care for persons receiving publicly funded healthcare services through federally qualified health centers, rural health clinics, and the Medicaid managed care program.

### General Provisions

Proposed law applies to the following healthcare providers:

- (1) Federally qualified health centers (FQHCs).
- (2) Rural health clinics.
- (3) Medicaid managed care organizations (MCOs).

Proposed law provides for duties of such providers and for the La. Dept. of Health (LDH) relative to continuity of patient care in the event that a healthcare facility closes or a provider otherwise discontinues healthcare services.

Proposed law requires LDH to promulgate all rules and regulations in accordance with the Administrative Procedure Act as may be necessary to implement the provisions of proposed law.

Proposed law provides for redesignation and organization by the La. State Law Institute of certain segments of present law and proposed law.

## **Provisions Relative To Federally Qualified Health Centers (FQHCs) And Rural Health Clinics**

Proposed law requires each FQHC and rural health clinic in this state to establish policies and procedures for care coordination and continuity of care for patients in the event that the facility anticipates a temporary or permanent closure.

Proposed law requires LDH to provide assistance in developing the policy required by proposed law to each FQHC and rural health clinic which submits a written request to the department for such assistance.

Proposed law requires each FQHC and rural health clinic which anticipates a temporary or permanent closure of any of its facilities to do all of the following prior to the closure:

- (1) Report the impending closure to the secretary of LDH as soon as is practicable following the decision by its governing board to implement the closure.
- (2) Notify each of its patients of the impending closure and transmit to those patients all information concerning care coordination and continuity of care developed pursuant to the requirements of proposed law.

Proposed law requires LDH to actively assist any patient of a FQHC or rural health clinic, or any facility thereof, which closes either permanently or temporarily in transitioning to another healthcare provider upon receipt of a request from the patient for such assistance.

## **Provisions Relative to Medicaid Managed Care Organizations (MCOs)**

Proposed law requires each MCO to implement policies and procedures for care coordination and continuity of care for enrollees. Provides that such policies and procedures shall include, without limitation, all of the following:

- (1) Provisions to ensure that each enrollee has an ongoing source of preventive and primary care appropriate to his needs.
- (2) Procedures for actively assisting each enrollee receiving treatment for chronic or acute medical conditions or for behavioral health conditions in transitioning to another provider when the enrollee's healthcare provider has terminated participation with the managed care organization.
- (3) Provisions for continuation of treatment until the member is reasonably transferred to an appropriate provider without interruption of care.

Proposed law further requires each MCO to implement all other policies and procedures for care coordination and continuity of care required by policy or administrative rules of LDH.

Proposed law provides that each MCO shall give written notice of the termination of participation

with the organization by a healthcare provider to each Medicaid enrollee who received his primary care from or was seen on a regular basis by the provider. Provides that the MCO shall provide such notice to the enrollee within 15 calendar days of the earlier of the following dates:

- (1) The date the MCO receives notice from the provider of his termination.
- (2) The date the MCO terminates participation by the provider.

Proposed law provides that when a Medicaid enrollee has received a course of treatment pursuant to a prior authorization process and the treating provider becomes unavailable, the MCO with which the provider participates shall provide notice of the unavailability to the enrollee or to the parent, legal guardian, or state agency with custody of the enrollee, as appropriate.

Proposed law provides that when a healthcare provider becomes unable to care for Medicaid enrollees due to illness, death, relocation away from the service area without notice to the MCO, failure to meet credentialing requirements, or displacement as a result of a natural or man-made disaster, the MCO shall notify each enrollee who received his primary care from or was seen on a regular basis by the provider as soon as practicable after becoming aware of the circumstances.

(Adds R.S. 40:1186.1-1186.3 and R.S. 46:460.53 and 460.54)