
DIGEST

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HB 211 Original

2019 Regular Session

Horton

Abstract: Limits the number of hours per day of certain behavioral health services reimbursable by Medicaid and requires that certain information be included on provider claims for behavioral health services.

Proposed law provides that, for purposes of proposed law, "CPST services" means community psychiatric support and treatment services and "PSR services" means psychosocial rehabilitation services.

Proposed law limits Medicaid reimbursement for behavioral health providers who furnish CPST and PSR services by providing that the following types of providers shall be limited to a maximum combined total of 12 reimbursable hours of CPST services and PSR services per provider, per day, regardless of the number of patients seen by the provider for those services:

- (1) Psychologists.
- (2) Advanced practice registered nurses.
- (3) Physician assistants.
- (4) Licensed clinical social workers.
- (5) Licensed professional counselors.
- (6) Licensed marriage and family therapists.
- (7) Licensed, certified, or registered addiction counselors.
- (8) Mental health professionals as defined in present administrative rule.
- (9) Unlicensed professionals as defined in present administrative rule.
- (10) Unlicensed direct care staff or aides as defined in present administrative rule.

Proposed law stipulates that services subject to the 12-hour limitation provided in proposed law include all CPST and PSR services rendered per individual National Provider Identifier at one or more outpatient behavioral services provider facilities or agencies within a 24-hour period.

Proposed law prohibits Medicaid managed care organizations from accepting for payment any claim or set of claims from a behavioral services provider agency that reflects a number of hours that exceeds the 12-hour per-provider, per-day limit established in proposed law.

Proposed law prohibits Medicaid managed care organizations from accepting for payment any behavioral health services claim that does not include all of the following information:

- (1) All claim information required by present law relative to specialized behavioral health services in the state Medicaid program (R.S. 40:2162).
- (2) The time of service including a start time and end time for each claim line.

Proposed law requires the La. Department of Health to include the limitation on reimbursable hours of services and the prohibition on acceptance of deficient claims provided in proposed law in each contract with a Medicaid managed care organization that covers behavioral health services.

Proposed law requires that upon request of the legislative auditor or the Medicaid Fraud Control Unit of the office of the attorney general, the La. Department of Health shall furnish to the requestor behavioral health claims data that meets the requestor's standard for completeness.

(Adds R.S. 46:460.77.1 and 460.77.2)