
DIGEST

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HB 817 Original

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Abstract: Stipulates that providers of nonemergency medical transportation (NEMT) services shall be deemed healthcare providers for purposes of Medicaid managed care laws and requires that data on financing of NEMT services be included in Medicaid managed care transparency reports issued by the La. Department of Health.

Present law provides conditions, limitations, requirements, and standards for the Medicaid managed care program of this state, including rights and protections for healthcare providers. Defines "healthcare provider" and "provider", for purposes of present law, as a person, partnership, limited liability partnership, limited liability company, corporation, facility, or institution that provides healthcare or professional services to individuals enrolled in the Medicaid program.

Proposed law retains present law and specifies that, for purposes of present law and proposed law relative to Medicaid managed care, the terms "healthcare provider" and "provider" shall include providers of nonemergency medical transportation (NEMT) services.

Present law requires the La. Department of Health (LDH) to submit an annual report concerning the Medicaid managed care program, known commonly as the "managed care transparency report", to the legislative committees on health and welfare. Provides requirements for the content of the report.

Proposed law retains present law and adds thereto a requirement that the annual managed care transparency report include the total amount of payments by each Medicaid managed care organization (MCO) for NEMT services. Requires LDH to provide an itemization of each MCO's total payments to NEMT providers showing the proportions, respectively, of its payments to NEMT providers that are Louisiana-based companies and NEMT providers that are based outside of Louisiana.

Present law requires LDH to produce and submit to the Joint Legislative Committee on the Budget and the House and Senate committees on health and welfare a quarterly report entitled the "Healthy Louisiana Claims Report". Specifies the data on healthcare provider claims submitted to MCOs to be included in the report.

Proposed law retains present law and adds thereto a requirement that the report feature data on timeliness of claims payments by each MCO; and, in the case of nonemergency medical transportation, data on timeliness of claims payments by each MCO, its transportation brokers, and its third-party administrators.

Proposed law requires that the data to be reported, at minimum, shall include an average and a median days-to-payment metric for all claims reflecting the number of calendar days elapsed from the date of claim submission by the provider to the date of claim payment by the MCO, transportation broker, or third-party administrator. Provides that if a claim for payment is denied in whole or in part, the provider resubmits the claim, and the claim is paid in full or in part, then the days-to-payment metrics for that claim shall be based upon the date of submission of the original claim.

Proposed law requires LDH to itemize the data on provider claims by claims from NEMT providers versus claims from all other healthcare providers collectively.

Present law provides that the Healthy Louisiana Claims Report shall feature a narrative which includes, at minimum, the action steps which LDH plans to take in order to address certain issues in Medicaid managed care.

Proposed law retains present law and adds timeliness of claims payments by MCOs as an issue to be addressed in the report.

(Amends R.S. 46:460.51(7); Adds R.S. 40:1253.2(A)(1)(m) and R.S. 46:460.91(C)(5) and (F))