

**LEGISLATIVE FISCAL OFFICE**  
**Fiscal Note**



Fiscal Note On: **SB 108** SLS 21RS 184

Bill Text Version: **ENGROSSED**

Opp. Chamb. Action:

Proposed Amd.:

Sub. Bill For.:

<b>Date:</b> May 7, 2021	1:46 PM	<b>Author:</b> LUNEAU
<b>Dept./Agy.:</b> LDH/Medicaid		<b>Analyst:</b> Shawn Hotstream
<b>Subject:</b> Mental health services		

HEALTH SERVICES

EG NO IMPACT See Note

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Provides relative to mental health rehabilitation services contracts with Medicaid managed care organizations. (8/1/21)

Proposed law provides that any contract or subcontract entered into by the Louisiana Department of Health with any Medicaid managed care organization for the provision of mental health rehabilitation services shall include the following minimal requirements: 1) Employees, contractors, and subcontractors of MCO's performing work or services related to the performance or supervision of audits, prior authorization determinations, and clinical reviews of mental health rehabilitation service providers shall receive annual training on Louisiana's Medicaid Behavioral Health Provider Manual and the relevant state laws, policies, and regulations related to the state's mental health rehabilitation program; 2) employees, contractors and subcontractors of MCO's shall ensure MHR services providers are registered and credentialed to provide and be reimbursed for MHR services under Medicaid; 3) employees, contractors, and subcontractors of mco's shall take all steps necessary to ensure that mental health rehabilitation service providers have the right to an independent review of an adverse action taken by the managed care organization; 4). the Louisiana Department of Health shall enforce monetary penalties against any Medicaid managed care organization that violates certain minimum requirements; Continued on page 2

<b>EXPENDITURES</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>	<b>2024-25</b>	<b>2025-26</b>	<b>5 -YEAR TOTAL</b>
State Gen. Fd.	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
Agy. Self-Gen.	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
Ded./Other	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
Federal Funds	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
Local Funds	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<b>\$0</b>
<b>Annual Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

  

<b>REVENUES</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>	<b>2024-25</b>	<b>2025-26</b>	<b>5 -YEAR TOTAL</b>
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Local Funds	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<b>\$0</b>
<b>Annual Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**EXPENDITURE EXPLANATION**

There is no anticipated direct material effect on governmental expenditures as a result of this measure. A third party independent review is a current process in law to resolve claims disputes when a provider believes a managed care organization has partially or totally denied a claim incorrectly.

**REVENUE EXPLANATION**

There is no anticipated direct material effect on governmental revenues as a result of this measure.

Senate      Dual Referral Rules  
 13.5.1 >= \$100,000 Annual Fiscal Cost {S & H}  
 13.5.2 >= \$500,000 Annual Tax or Fee Change {S & H}

House  
 6.8(F)(1) >= \$100,000 SGF Fiscal Cost {H & S}  
 6.8(G) >= \$500,000 Tax or Fee Increase or a Net Fee Decrease {S}

*Alan M. Boxberger*

**Alan M. Boxberger**  
**Staff Director**

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**CONTINUED EXPLANATION from page one:**

*Continued from page 1:*

and 5) a health care provider shall be considered credentialed, recertified, or approved if a managed care organization fails to do certain requirements within 60 days of receipt of all the information need for credentialing. If an mco determines upon completion of the credentialing process that an applicant's health care provider does not meet the mco's credentialing requirements, the mco may then initiate an action to recover from the provider an amount equal to the difference between appropriate payments for out of network benefits and in network benefits paid to the provider prior to completion of credentialing under certain conditions. The mental health provider shall have the right to an independent review of an adverse action taken by the mco.

Senate

Dual Referral Rules

- 13.5.1 >= \$100,000 Annual Fiscal Cost {S & H}
- 13.5.2 >= \$500,000 Annual Tax or Fee Change {S & H}

House

- 6.8(F)(1) >= \$100,000 SGF Fiscal Cost {H & S}
- 6.8(G) >= \$500,000 Tax or Fee Increase or a Net Fee Decrease {S}

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