

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



Fiscal Note On: **SB 55** SLS 13RS 277

Bill Text Version: **ORIGINAL**

Opp. Chamb. Action:

Proposed Amd.:

Sub. Bill For.:

<b>Date:</b> April 17, 2013 7:51 AM	<b>Author:</b> JOHNS
<b>Dept./Agy.:</b> DHH	<b>Analyst:</b> Shawn Hotstream
<b>Subject:</b> Medicaid Transparency	

HEALTH/HOSPITALS DEPT

OR NO IMPACT See Note

Page 1 of 2

Provides for Medicaid transparency. (8/1/13)

Proposed legislation requires the Department of Health and Hospitals to submit an annual report to the Senate and House Committees on health and welfare, beginning January 1, 2014 for Bayou Health. The report shall include the following: 1) name and geographic service area of each coordinated care network (ccn) contracted with DHH; 2) total number of healthcare providers in each ccn by provider type and specialty; 3) the total and monthly average of the number of members enrolled in each network by eligibility group; 4) the percentage of primary care practices that provide verified continuous phone access; 5) the percentage of regular and expedited service authorization requests processed within the time frames specific by contract; 6) the percentage of clean claims paid for each provider type within 30 days and average number number of days to pay all claims for each ccn, and by the Medicaid fiscal intermediary; 7) the number of claims denied or reduced by each ccn; 8) the number and dollar value of all claims paid to non network providers by claim categorized by emergency and non emergency for each ccn; 9) the amount of the total payments See page 2

<b>EXPENDITURES</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</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>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</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>

**EXPENDITURE EXPLANATION**

There is no anticipated direct material effect on governmental expenditures as a result of this measure. Expanding current reporting requirements relative to Medicaid managed care is anticipated to require additional workload to existing staff related to developing processes for collection and validation of data and the management and posting on the department's web-site of additional state plan amendments. This bill further requires the posting of certain state plan amendments on the department's web site within 24 hours of submission to the Centers for Medicare and Medicaid Services (CMS). To the extent these amendments apply to amendments related to managed care, these additional functions are anticipated to be assumed with existing staff and resources.

**REVENUE EXPLANATION**

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

<u>Senate</u>	<u>Dual Referral Rules</u>	<u>House</u>
<input type="checkbox"/> 13.5.1 >= \$100,000 Annual Fiscal Cost {S&H}		<input type="checkbox"/> 6.8(F) >= \$500,000 Annual Fiscal Cost {S}
<input type="checkbox"/> 13.5.2 >= \$500,000 Annual Tax or Fee Change {S&H}		<input type="checkbox"/> 6.8(G) >= \$500,000 Tax or Fee Increase or a Net Fee Decrease {S}

*Evan Brasseaux*

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**Staff Director**

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**CONTINUED EXPLANATION from page one:**

and average per member per month payment paid to each ccn; 10) the medical loss ratio of each ccn and any fines associated with medical loss ratio; 11) a comparison of health outcomes, including asthma and congestive heart failure; 12) a copy of the member and provider satisfaction survey report for each ccn; 13) copy of the annual audited financial statements for each ccn; 14) the total amount of savings to the state for each shared savings ccn; 15) a narrative of any sanctions imposed on ccn's by DHH; 16) the number of members, broken down by each ccn who file a grievance; 17) the number of members who receive unduplicated Medicaid services from each CCN, and who receive unduplicated outpatient emergency services, broken down by CCN and aggregated by hospital classifications; 18) the number of total Medicaid inpatient days broken down by CCN and aggregated by hospital classifications; 19) the number of claims for emergency services, by CCN; 20) and specific pharmacy benefit information by CCN.

Proposed legislation further requires DHH to submit an annual report for the Louisiana Behavioral Health Partnership to the Senate and House committees on health and welfare. The report shall include the following information: 1) the name and geographic service area of each human service district or local government entity through which behavioral health services are being provided; 2) the total number of healthcare providers in each human service district or local governmental entity; 3) total Medicaid and non-Medicaid members enrolled in each human services district by parish; 4) total and monthly average number of adult Medicaid enrollees receiving services in each human services district; 5) the total and monthly average number of children receiving services through the Coordinated System of Care(CSOC) by human service region; 6) total an monthly average number of children not enrolled in the CSOC; 7) the percentage of calls received by the statewide management organization (SMO) that were referred for services in each human service district or local government entity; 8) the average length of time for a member to receive confirmation and referral for services using the initial call to the SMO; 9) the percentage of all referrals that were considered immediate, urgent, and routine needs in each human services district; 10) the percentage of clean claims paid for each provider type within 30 days and average number of days to pay all claims for each human services district; 11) the total number of claims denied; 12) percentage of members who provide consent for release of information to coordinate care with the members primary care physician; 13) the number of outpatient members who received services in hospital based emergency rooms due to behavioral health diagnosis; 14) and a copy of the SMO's report to the DHH on quality management. DHH shall make publicly available all informational bulletins, health plan advisories, and guidance published by the department concerning Bayou Health, and make available on the web-site. DHH shall make available to the public on the department's web-site all Medicaid state plan amendments and any related correspondence within 24 hours of submission to CMS.

<u>Senate</u>	<u>Dual Referral Rules</u>	<u>House</u>
<input type="checkbox"/> 13.5.1 >= \$100,000 Annual Fiscal Cost {S&H}	<input type="checkbox"/> 6.8(F) >= \$500,000 Annual Fiscal Cost {S}	
<input type="checkbox"/> 13.5.2 >= \$500,000 Annual Tax or Fee Change {S&H}	<input type="checkbox"/> 6.8(G) >= \$500,000 Tax or Fee Increase or a Net Fee Decrease {S}	

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