SENATE COMMITTEE AMENDMENTS

Amendments proposed by Senate Committee on Health and Welfare to Original Senate Bill No. 185 by Senator Murray

AMENDMENT NO. 1

On page 1, line 2, delete "R.S. 36:259(D)(10) and"

AMENDMENT NO. 2

On page 1, line 3, delete "460.53" and insert "460.72"

AMENDMENT NO. 3

On page 1, line 4, after "Medicaid;" delete the remainder of the line

AMENDMENT NO. 4

On page 1, line 5, delete "Managed Care Pharmaceutical and Therapeutic Committee;"

AMENDMENT NO. 5

On page 1, line 7, after "providers;" insert "to provide for exemptions;"

AMENDMENT NO. 6

On page 1, line 8, after "drugs;" delete the remainder of the line"

AMENDMENT NO. 7

On page 1, delete line 9 in its entirety

AMENDMENT NO. 8

On page 1, line 10, delete "for a minimum drug formulary;"

AMENDMENT NO. 9

On page 1, line 12, after "protocols;" insert "to provide for standardized information to be provided with claim payments; to provide for services rendered to newborns;"

AMENDMENT NO. 10

On page 1, delete lines 14 through 17 in their entirety

AMENDMENT NO. 11

On page 2, delete lines 1 through 6 in their entirety

AMENDMENT NO. 12

On page 2, line 7, delete "Section 2." and insert "Section 1."

AMENDMENT NO. 13

On page 2, line 8, after "through" delete "460.53" and insert "460.72"

This set of amendment(s) was prepared by Christopher D. Adams.

AMENDMENT NO. 14

On page 3, between lines 4 and 5 insert:

"**(8) "Prepaid Coordinated Care Network" means a private entity that contracts with the department to provide Medicaid benefits and services to Louisiana Medicaid Bayou Health Program enrollees in exchange for a monthly prepaid capitated amount per member.**"

AMENDMENT NO. 15

On page 3, line 5 delete "**(8)**" and insert "**(9)**"

AMENDMENT NO. 16

On page 3, line 9 delete "**(9)**" and insert "**(10)**"

AMENDMENT NO. 17

On page 3, line 11 delete "**(10)**" and insert "**(11)**"

AMENDMENT NO. 18

On page 3, line 13, after "**process**" delete the comma "**,**" and after "**including**" insert a comma "**,**"

AMENDMENT NO. 19

On page 3, line 14, after "**to**" insert a comma "**,**"

AMENDMENT NO. 20

On page 3, line 22 delete "**(11)**" and insert "**(12)**"

AMENDMENT NO. 21

On page 3, line 25, after "**verification**" delete the comma "**,**"

AMENDMENT NO. 22

On page 3, line 26, after "**including**" insert a comma "**,**" and after "**to**" insert a comma "**,**"

AMENDMENT NO. 23

On page 3, after line 29, insert:

"**§430.32. Exemptions**

The provisions of this Part shall not apply to any entity contracted with the Department of Health and Hospitals to provide fiscal intermediary services in processing claims of the health care providers."

AMENDMENT NO. 24

On page 4, line 24, after "**services**" delete the comma "**,**"

AMENDMENT NO. 25

On page 5, lines 10 and 11, delete "**R.S. 46:460.41**" and insert "**this Subsection**"

AMENDMENT NO. 26

On page 5, line 16, after "**group**" delete the comma "**,**"

AMENDMENT NO. 27

On page 5, line 20, after "**organization**" insert a comma "**,**"

AMENDMENT NO. 28

On page 5, line 24, after "**privileges**" delete the comma "**,**" and after "**physician**" insert a comma "**,**"

AMENDMENT NO. 29

On page 5, lines 27 and 28, delete "**R.S. 46:460.41**" and insert "**Subsection A of this Section**"

AMENDMENT NO. 30

On page 6, line 2, delete "**R.S. 46:460.41**" and insert "**Subsection A of this Section**"

AMENDMENT NO. 31

On page 6, line 6, delete "**upon compliance with R.S. 46:460.41**" and insert "**after compliance with Subsection A of this Section**"

AMENDMENT NO. 32

On page 6, delete lines 16 through 29 in their entirety and insert:

"**§460.51. Prepaid coordinated care network pharmaceutical and therapeutic committees**

Beginning January 1, 2014, every prepaid coordinated care network shall designate a pharmaceutical and therapeutics committee to develop a drug formulary and preferred drug list for the prepaid coordinated care network. Every prepaid coordinated care network pharmaceutical and therapeutics committee shall hold a meeting not less frequently than on a semi-annual basis in Baton Rouge, Louisiana, which is open to the public and permits public comment prior to voting on any changes in the preferred drug list or formulary."

AMENDMENT NO. 33

Delete pages 7 through 9

AMENDMENT NO. 34

On page 10, delete lines 1 through 12

AMENDMENT NO. 35

On page 10, lines 15 and 16, delete the comma "**,**"

AMENDMENT NO. 36

On page 10, between lines 20 and 21 insert:

"**C. A managed care organization shall comply with the provisions of R.S. 46:153.3(C).**"

AMENDMENT NO. 37

On page 11, line 18, delete the commas "**,**"

AMENDMENT NO. 38

On page 11, between lines 23 and 24 insert:

"**SUBPART C. CLAIM PAYMENT**

§460.71. Claim payment information

A. Any claim payment to a provider by a managed care organization or by a fiscal agent or intermediary of the managed care organization shall be accompanied by an itemized accounting of the individual services represented on the claim that are included in the payment. This itemization shall include, but shall not be limited to, all of the following items:

(1) The patient or enrollee's name.

(2) The Medicaid health insurance claim number.

(3) The date of each service.

(4) The patient account number assigned by the provider.

(5) The Current Procedural Terminology code for each procedure, hereinafter referred to as "CPT code", including the amount allowed and any modifiers and units.

(6) The amount due from the patient that includes but is not limited to copayments and coinsurance or deductibles.

(7) The payment amount of reimbursement.

(8) Identification of the plan on whose behalf the payment is made.

B. If a managed care organization is a secondary payer, then the organization shall send, in addition to all information required by Subsection A of this Section, acknowledgment of payment as a secondary payer, the primary payer's coordination of benefits information, and the third-party liability carrier code.

C.(1) If the claim for payment is denied in whole or in part by the managed care organization or by a fiscal agent or intermediary of the organization, and the denial is remitted in the standard paper format, then the organization shall, in addition to providing all information required by Subsection A of this Section, include a claim denial reason code specific to each CPT code listed that matches or is equivalent to a code used by the state or its fiscal intermediary in the fee-for-service Medicaid program.

(2) If the claim for payment is denied in whole or in part by the managed care organization or by a fiscal agent or intermediary of the plan, and the denial is remitted electronically, then the organization shall, in addition to providing all information required by Subsection A of this Section, include an American National Standards Institute compliant reason and remark code and shall make available to the provider of the service, a complimentary standard paper format remittance advice that contains a claim denial reason code specific to each CPT code listed that matches or is equivalent to a code used by the state or its fiscal intermediary in the fee-for-service Medicaid program.

D. Each CPT code listed on the approved Medicaid fee-for-service fee schedule shall be considered payable by each Medicaid managed care organization or a fiscal agent or intermediary of the organization.

§460.72. Claims payment for care rendered to newborns

Each managed care organization shall compensate, at a minimum, the Medicaid fee-for-service rate in effect on the dates of service for all care rendered to a newborn Medicaid beneficiary by a nonparticipating Medicaid provider within the first thirty days of the beneficiary's birth."

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