

2019 Regular Session

HOUSE BILL NO. 211

BY REPRESENTATIVE HORTON

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

MEDICAID: Provides relative to Medicaid coverage of certain behavioral health services

1 AN ACT

2 To enact Subpart C-1 of Part XIII of Chapter 3 of Title 46 of the Louisiana Revised Statutes
3 of 1950, to be comprised of R.S. 46:460.77.1 and 460.77.2, relative to the medical
4 assistance program of this state known commonly as Medicaid; to provide relative
5 to Medicaid coverage of certain behavioral health services; to limit the number of
6 reimbursable service hours per day for providers of certain behavioral health
7 services; to require inclusion of certain information on claims for payment for
8 behavioral health services; and to provide for related matters.

9 Be it enacted by the Legislature of Louisiana:

10 Section 1. Subpart C-1 of Part XIII of Chapter 3 of Title 46 of the Louisiana Revised
11 Statutes of 1950, comprised of R.S. 46:460.77.1 and 460.77.2, is hereby enacted to read as
12 follows:

13 SUBPART C-1. BEHAVIORAL HEALTH SERVICES CLAIMS

14 §460.77.1. Behavioral health services claims; limitation on service hours;
15 information required for payment

16 A.(1) For purposes of this Section, "CPST services" means community
17 psychiatric support and treatment services and "PSR services" means psychosocial
18 rehabilitation services.

19 (2) Except as provided in Paragraph (4) of this Subsection, an individual
20 behavioral health services provider rendering CPST services, PSR services, or both

1 shall be limited to a maximum combined total of twelve reimbursable hours of CPST
2 services and PSR services per rendering provider, per calendar day, regardless of the
3 number of patients seen by the rendering provider unless any of the following
4 conditions are met:

5 (a) The medical necessity of the services is documented for a Medicaid
6 recipient receiving more than twelve hours of CPST and PSR services per day per
7 rendering provider.

8 (b) The services are billed for a group setting. However, the total hours
9 worked by an individual rendering provider shall not exceed twelve reimbursable
10 hours per calendar day.

11 (c) The services are billed for crisis intervention.

12 (3)(a) Services subject to the twelve-hour limitation provided in Paragraph
13 (2) of this Subsection include only CPST and PSR services rendered per individual
14 National Provider Identifier at one or more outpatient behavioral health services
15 provider facilities or agencies within a calendar day.

16 (b) The twelve-hour limitation provided in Paragraph (2) of this Subsection
17 shall not apply per individual behavioral health services provider agency.

18 (4) The provisions of this Subsection shall not apply to evidence-based
19 practices including, without limitation, the practices known as assertive community
20 treatment, multisystemic therapy, functional family therapy, and homebuilders.

21 B. No managed care organization shall accept for payment a claim from a
22 provider of behavioral health services unless that claim includes all claim
23 information required by R.S. 40:2162.

24 C. The department shall include the limitation on reimbursable hours of
25 CPST and PSR services provided in Subsection A of this Section in each contract
26 with a managed care organization that covers behavioral health services.

27 D. Implementation of any provision of this Section shall be subject to
28 approval by the Centers for Medicare and Medicaid Services.

1 §460.77.2. Behavioral health services claim information; access by legislative
 2 auditor and Medicaid Fraud Control Unit
 3 Upon request of the legislative auditor or the Medicaid Fraud Control Unit
 4 of the office of the attorney general, the department shall furnish to the requestor
 5 behavioral health data that meets the applicable standard for completeness set forth
 6 by the Centers for Medicare and Medicaid Services.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 211 Engrossed

2019 Regular Session

Horton

Abstract: Provides for limitations on billing by providers of Medicaid-funded behavioral health services for certain types of services rendered.

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 individual behavioral health services providers rendering CPST services, PSR services, or both to a maximum combined total of 12 reimbursable hours of Medicaid-funded services per rendering provider, per calendar day, regardless of the number of patients seen by the rendering provider, unless any of the following conditions are met:

- (1) The medical necessity of the services is documented for a Medicaid recipient receiving more than 12 hours of CPST and PSR services per day per rendering provider.
- (2) The services are billed for a group setting.
- (3) The services are billed for crisis intervention.

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 calendar day. Provides, however, that the limit shall not apply per individual behavioral health services provider agency. Provides further that proposed law shall not apply to evidence-based practices including, without limitation, the practices known as assertive community treatment, multisystemic therapy, functional family therapy, and homebuilders.

Proposed law prohibits Medicaid managed care organizations from accepting for payment any behavioral health services claim that does not include all claim information required by present law relative to specialized behavioral health services in the state Medicaid program (R.S. 40:2162).

Proposed law requires the La. Department of Health to include the limitation on reimbursable hours of CPST and PSR services in each contract with a Medicaid managed care organization that covers behavioral health services.

Proposed law provides that implementation of any of its provisions shall be subject to approval by the Centers for Medicare and Medicaid 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 data that meets the standard for completeness set forth by the Centers for Medicare and Medicaid Services.

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

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Health and Welfare to the original bill:

1. Revise proposed law to provide that individual behavioral health services providers rendering CPST services, PSR services, or both shall be limited to a maximum combined total of 12 reimbursable hours of Medicaid-funded services per rendering provider, per calendar day, regardless of the number of patients seen by the rendering provider, unless any of the following conditions are met:
 - (a) The medical necessity of the services is documented for a Medicaid recipient receiving more than 12 hours of CPST and PSR services per day per rendering provider.
 - (b) The services are billed for a group setting.
 - (c) The services are billed for crisis intervention.
2. Stipulate that the total hours worked by an individual rendering provider shall not exceed 12 reimbursable hours per calendar day.
3. Revise proposed law to provide 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 health services provider facilities or agencies within a calendar day.
4. Revise proposed law relative to applicability of the 12-hour limit on billable service hours to stipulate that the limit shall not apply per individual behavioral health services provider agency.
5. Stipulate that proposed law shall not apply to evidence-based practices including, without limitation, the practices known as assertive community treatment, multisystemic therapy, functional family therapy, and homebuilders.
6. Delete a prohibition on Medicaid managed care organizations accepting behavioral health services claims that do not include service start times and end times for each claim line.
7. Provide that implementation of any provision of proposed law shall be subject to approval by the Centers for Medicare and Medicaid Services.
8. Provide that the standard for completeness of behavioral health data furnished to the legislative auditor or the Medicaid Fraud Control Unit of the office of the attorney general shall be that of the Centers for Medicare and Medicaid Services, rather than that of the legislative auditor or the attorney general.
9. Make technical changes.