

GREEN SHEET REDIGEST

HB 211

2019 Regular Session

Horton

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

DIGEST

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 provides 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:

- (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.

Proposed law stipulates that it shall apply exclusively to CPST and PSR services.

Proposed law provides that proposed law does not apply to evidence-based practices including, without limitation, the practices known as assertive community treatment, multisystemic therapy, functional 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.

Effective August 1, 2019.

(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.

The House Floor Amendments to the engrossed bill:

1. Delete exceptions providing that the limitations on billing established in proposed law shall not apply in the following cases:
 - (a) When 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) When the services are billed for crisis intervention.

2. Delete provisions stipulating 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. Provide instead that proposed law shall apply exclusively to CPST and PSR services.

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Health and Welfare to the reengrossed bill

1. Provides 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. Provides that proposed law does not apply to evidence-based practices including, without limitation, the practices known as assertive community treatment, multisystemic therapy, functional therapy, and homebuilders.