

LEGISLATIVE FISCAL OFFICE
Fiscal Note



Fiscal Note On: **HB 586** HLS 17RS 552

Bill Text Version: **ORIGINAL**

Opp. Chamb. Action:

Proposed Amd.:

Sub. Bill For.:

Date: April 25, 2017	10:38 AM	Author: HUNTER
Dept./Agy.: DHH/Medicaid		Analyst: Shawn Hotstream
Subject: continuity of care		

HEALTH CARE OR NO IMPACT See Note Page 1 of 1
Requires certain publicly funded healthcare facilities and providers to institute policies relative to continuity of patient care

Proposed law provides that each federally qualified health center or rural health clinic which operates a healthcare facility in this state shall establish policies and procedures for care coordination and continuity of care for patients in the event that the health center of clinic, or any facility, anticipates a temporary or permanent closure. Proposed law provides that LDH provides assistance in developing procedure in the event a clinic asks for such assistance. Proposed law provides for reporting and notification requirements of such clinics and health centers in the event of an anticipated closing.

Proposed law further requires each managed care organization to implement policies and procedures for care coordination and continuity of care for enrollees, including but not limited to ensuring that each enrollee has an ongoing source of preventive and primary care, and providing assistance when the the Medicaid enrollee's provider has terminated participation with an MCO. Proposed law further provides for notification requirements of the MCOs to enrollees under certain conditions.

EXPENDITURES	2017-18	2018-19	2019-20	2020-21	2021-22	5 -YEAR TOTAL
State Gen. Fd.	\$0	\$0	\$0	\$0	\$0	\$0
Agy. Self-Gen.	\$0	\$0	\$0	\$0	\$0	\$0
Ded./Other	\$0	\$0	\$0	\$0	\$0	\$0
Federal Funds	\$0	\$0	\$0	\$0	\$0	\$0
Local Funds	\$0	\$0	\$0	\$0	\$0	\$0
Annual Total	\$0	\$0	\$0	\$0	\$0	\$0

REVENUES	2017-18	2018-19	2019-20	2020-21	2021-22	5 -YEAR TOTAL
State Gen. Fd.	\$0	\$0	\$0	\$0	\$0	\$0
Agy. Self-Gen.	\$0	\$0	\$0	\$0	\$0	\$0
Ded./Other	\$0	\$0	\$0	\$0	\$0	\$0
Federal Funds	\$0	\$0	\$0	\$0	\$0	\$0
Local Funds	\$0	\$0	\$0	\$0	\$0	\$0
Annual Total	\$0	\$0	\$0	\$0	\$0	\$0

EXPENDITURE EXPLANATION

There is no anticipated direct material effect on expenditures of the Office of Public Health as a result of this measure.

Current MCO contracts provide for both notification requirements and care coordination requirements of the health plans. Specifically, Section 6.27 and 6.29 contract language provides that the MCO shall be responsible for ensuring member's health care needs and services/care are planned and coordinated through the MCO Primary Care Physician and or behavioral health provider", in addition to requiring continuity of care and care transition for MCO members.

In addition, Section 12.8 of MCO contracts require MCO's are to provide a notice to a member or parent/guardian "when a treating provider becomes unavailable".

Additionally, information provided by the Bureau of Primary Care and Rural Health, Office of Pubic Health indicates any workload associated with new activities under this measure are anticipated to be minimal and can be provided with existing staff and resources. OPH currently provides assistance to FQHC's and RHC's relative to grant writing and community development, and anticipate utilizing existing working relationships to address the mandate for policy development assistance.

REVENUE EXPLANATION

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

Senate
 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}

Evan Brasseaux
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Staff Director