

2020 Regular Session

HOUSE BILL NO. 817

BY REPRESENTATIVE DUSTIN MILLER

MEDICAID MANAGED CARE: Provides relative to nonemergency medical transportation services in Medicaid managed care

1 AN ACT

2 To amend and reenact R.S. 46:460.51(7) and to enact R.S. 46:460.54(G) and 460.91(C)(5)

3 and (F), relative to the state medical assistance program known commonly as

4 Medicaid; to stipulate that providers of nonemergency, non-ambulance medical

5 transportation services shall be deemed as healthcare providers for purposes of laws

6 pertaining to the Medicaid managed care program; to provide for review of contracts,

7 policies, and procedures for Medicaid nonemergency, non-ambulance transportation

8 brokers; to require disclosure of claims payment data associated with Medicaid

9 nonemergency, non-ambulance medical transportation; to provide for reports to

10 certain legislative committees of information on claims processing in the Medicaid

11 managed care program; to specify data and other material to be included in such

12 reports; to provide for definitions; and to provide for related matters.

13 Be it enacted by the Legislature of Louisiana:

14 Section 1. R.S. 46:460.51(7) is hereby amended and reenacted and R.S.

15 46:460.54(G) and 460.91(C)(5) and (F) are hereby enacted to read as follows:

16 §460.51. Definitions

17 As used in this Part, the following terms have the meaning ascribed in this

18 Section unless the context clearly indicates otherwise:

19 * * *

1 of the managed care organization, and the provider resubmits the identical claim
 2 information and the claim is paid, then the days-to-payment metric for that claim
 3 shall be based upon the date of submission of the original claim.

4 (2) The department shall itemize the data on provider claims required by this
 5 Subsection by claims from nonemergency, non-ambulance medical transportation
 6 providers versus claims from all other healthcare providers, collectively.

7 (3) The department shall take a random sampling from paid and denied
 8 claims for nonemergency, non-ambulance medical transportation providers that are
 9 adjudicated beyond the thirty-day timeliness requirement for additional analysis. The
 10 department shall include in the report common trends in underlying causes for the
 11 timeliness outlier sampling and outreach efforts by the department or Medicaid
 12 managed care organizations to providers and transportation brokers for resolution.

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 817 Reengrossed

2020 Regular Session

Dustin Miller

Abstract: Stipulates that providers of nonemergency, non-ambulance medical transportation (NEMT) services shall be deemed healthcare providers for purposes of Medicaid managed care laws and requires that data on payment of claims for NEMT services be included in Healthy Louisiana Claims Report.

Present law provides conditions, limitations, requirements, and standards for the Medicaid managed care program of this state, including rights and protections for healthcare providers. Defines "healthcare provider" and "provider", for purposes of present law, as a person, partnership, limited liability partnership, limited liability company, corporation, facility, or institution that provides healthcare or professional services to individuals enrolled in the Medicaid program.

Proposed law retains present law and specifies that, for purposes of present law and proposed law relative to Medicaid managed care, the terms "healthcare provider" and "provider" shall include providers of nonemergency, non-ambulance medical transportation (NEMT) services.

Proposed law requires the La. Department of Health (LDH), on an annual basis, to review the contracts, policies, and procedures of all NEMT brokers operating in La. and ensure that those brokers are not providing preferences to non-La.-based NEMT operators.

Present law requires LDH to produce and submit to the Joint Legislative Committee on the Budget and the House and Senate committees on health and welfare a quarterly report entitled the "Healthy Louisiana Claims Report". Specifies the data on healthcare provider

claims submitted to Medicaid managed care organizations (MCOs) to be included in the report.

Proposed law retains present law and adds thereto a requirement that the Healthy Louisiana Claims Report feature data on timeliness of claims payments by each MCO; and, in the case of NEMT services, data on timeliness of claims payments by each MCO and its transportation brokers. Provides that if a claim for payment for NEMT services is denied by an MCO and the provider resubmits the identical claim information and the claim is paid, then the days-to-payment metric reported for that claim shall be based upon the date of submission of the original claim.

Proposed law requires LDH to itemize the data on provider claims by claims from NEMT providers versus claims from all other healthcare providers collectively.

Proposed law requires LDH to take a random sampling from paid and denied claims for NEMT providers that are adjudicated beyond the 30-day timeliness requirement for additional analysis, and to include in the quarterly Healthy Louisiana Claims Report the following:

- (1) Common trends in underlying causes for the timeliness outlier sampling.
- (2) Outreach efforts by LDH or MCOs to providers and transportation brokers for resolution.

Present law provides that the Healthy Louisiana Claims Report shall feature a narrative which includes, at minimum, the action steps which LDH plans to take in order to address certain issues in Medicaid managed care.

Proposed law retains present law and adds timeliness of claims payments by MCOs as an issue to be addressed in the report.

(Amends R.S. 46:460.51(7); Adds R.S. 46:460.54(G) and 460.91(C)(5) and (F))

Summary of Amendments Adopted by House

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

1. Specify that proposed law applies to nonemergency, non-ambulance medical transportation providers and services.

The House Floor Amendments to the engrossed bill:

1. Delete proposed law which would have required that the annual Medicaid managed care transparency report produced by the La. Department of Health (LDH) include the total amount of payments made by each Medicaid managed care organization (MCO) for nonemergency, non-ambulance medical transportation (NEMT) services.
2. Delete proposed law which would have required LDH to provide an itemization of each MCO's total payments to NEMT providers showing the proportions, respectively, of its payments to NEMT providers that are La.-based companies and to NEMT providers that are based outside of La.
3. Require LDH, on an annual basis, to review the contracts, policies, and procedures of all NEMT brokers operating in La. and ensure that those brokers are not providing preferences to non-La.-based NEMT operators.

4. Delete proposed law which would have required LDH to include in the quarterly Healthy Louisiana Claims Report data on timeliness of claims payments by each MCO's third-party administrators for NEMT services.
5. Delete proposed law which would have required LDH to include in the quarterly Healthy Louisiana Claims Report data on timeliness of claims payments by MCOs for NEMT services that encompasses an average and a median days-to-payment metric for all claims reflecting the number of calendar days elapsed from the date of claim submission by the provider to the date of claim payment.
6. With respect to information to be included in the quarterly Healthy Louisiana Claims Report, provide that if a claim for payment for NEMT services is denied by an MCO and the provider resubmits the identical claim information and the claim is paid, then the days-to-payment metric reported for that claim shall be based upon the date of submission of the original claim.
7. Require LDH to take a random sampling from paid and denied claims for NEMT providers that are adjudicated beyond the 30-day timeliness requirement for additional analysis, and to include in the quarterly Healthy Louisiana Claims Report the following:
 - a. Common trends in underlying causes for the timeliness outlier sampling.
 - b. Outreach efforts by LDH or MCOs to providers and transportation brokers for resolution.
8. Make technical changes.