DIGEST

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Stokes

HB No. 571

Abstract: Provides relative to contracts for managed long term supports and services within the Medicaid program.

<u>Proposed law</u> defines "Louisiana HMO" as a health maintenance organization (HMO) that meets all of the following criteria:

- (1) Offers fully insured commercial or Medicare Advantage products.
- (2) Is domiciled, licensed, and has been operating within the state for a period of at least ten years.
- (3) Maintains its primary corporate office and at least seventy percent of its employees in the state.
- (4) Maintains within the state its core business functions including, without limitation, utilization review services, claims payment processes, customer service call centers, enrollment services, information technology services and provider relations.

<u>Proposed law</u> authorizes the secretary of the Department of Health and Hospitals (DHH) to issue a request for proposals, or initiate any other competitive process allowed by law, to identify and contract with HMOs to provide for a comprehensive managed care program for La. residents who are eligible for Medicaid and receive long term care supports and services provided for in the Medicaid state plan.

<u>Proposed law</u> stipulates that if a Louisiana HMO submits a competitive proposal in response to the request for proposals or other process provided for in <u>proposed law</u>, DHH shall include that HMO in the managed care program for La. residents who are eligible for Medicaid and receive long term care supports and services provided for in the Medicaid State Plan. However, provides that if more than three different Louisiana HMOs submit competitive proposals, DHH shall select at least three Louisiana HMOs for inclusion in the program.

Proposed law requires the secretary of DHH to take such actions as may be necessary to ensure that no Medicaid enrollee participating in a Medicare Advantage plan is forced to leave his plan in the event that he needs long term supports and services and his plan is not selected to participate in the managed long term supports and services program of the department. Provides that in such instances, DHH shall provide payment to the recipient's plan for the long term care supports and services he needs.

Effective upon signature of governor or lapse of time for gubernatorial action.

(Adds R.S. 40:1300.381-1300.383)