
The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Christopher D. Adams.

DIGEST

Morrell (SB 349)

Proposed law defines "Louisiana HMO" to mean a health maintenance organization that meets the following criteria:

- (1) Offers fully insured commercial and/or Medicare Advantage products.
- (2) Is domiciled, licensed, and has been operating within the state for not less than ten years.
- (3) Maintains its primary corporate office and at least seventy percent of its employees within the state.
- (4) Maintains within the state its core business functions that shall include but not be limited to utilization review services, claims payment processes, customer service call centers, enrollment services, information technology services, and provider relations.

Proposed law defines Medicare Advantage plan to mean a type of Medicare health plan offered by a private company that contracts under the Medicare program to provide an individual with Part A and Part B benefits.

Proposed law provides the secretary of the Department of Health and Hospitals (DHH) may issue a request for proposals or any type of competitive process authorized by law to identify and contract with health maintenance organizations to provide for a comprehensive managed care program for Louisiana residents eligible for Medicaid and receiving long term care supports and services provided for in the Medicaid state plan.

Proposed law provides a Louisiana HMO submitting a competitive proposal to a DHH's request for proposal pursuant to proposed law shall participate in such a program for Medicaid managed care long term care supports and services. However, if three or more Louisiana HMOs submit competitive proposals to DHH's request for proposal pursuant to proposed law, DHH shall select at least three Louisiana HMOs to participate in such a program for Medicaid managed long term care supports and services.

Proposed law provides DHH shall prohibit any Medicaid recipient participating in a Medicare Advantage plan, on or after January 1, 2014, from being forced to leave his plan if the recipient needs long term care supports and services, and if such a plan is not selected to participate in the Medicaid managed long term care supports and services program.

Proposed law provides for DHH shall provide payment to a recipient's Medicare Advantage plan for a recipient's long term care supports and services.

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

(Adds R.S. 46:460.91)