

2016 Regular Session

HOUSE BILL NO. 517

BY REPRESENTATIVE BACALA

MEDICAID: Establishes certain provider fees within the Louisiana Medicaid program

1 AN ACT

2 To amend and reenact R.S. 46:2625(A)(1) and (2)(b) and to repeal R.S. 46:2625(B), relative
3 to the medical assistance program known commonly as Medicaid; to establish and
4 provide for Medicaid provider fees; to authorize the Department of Health and
5 Hospitals to impose fees on certain healthcare providers, facilities, and services; to
6 repeal provisions requiring legislative approval of certain fee increases; and to
7 provide for related matters.

8 Be it enacted by the Legislature of Louisiana:

9 Section 1. R.S. 46:2625(A)(1) and (2)(b) are hereby amended and reenacted to read
10 as follows:

11 §2625. Fees on ~~health care~~ healthcare providers; disposition of fees

12 A.(1) The Department of Health and Hospitals is hereby authorized to adopt
13 and impose fees for ~~health care~~ healthcare services provided by the Medicaid
14 program on every ~~nursing facility, every intermediate care facility for people with~~
15 ~~developmental disabilities, every pharmacy in the state of Louisiana and certain~~
16 ~~out-of-state pharmacies, dispensing physicians, and medical transportation providers~~
17 class of healthcare provider, facility, and service provided for in 42 CFR 433.56.

18 The amount of ~~any~~ each fee authorized by this Subsection shall be the maximum
19 nominal amount allowed pursuant to federal Medicaid regulations, not to exceed any
20 cap provided in those regulations or shall not exceed the total cost to the state of

1 providing the ~~health care~~ healthcare service subject to such fee. ~~In addition, the~~
2 amount of the fees imposed under the rules and regulations adopted shall not exceed
3 the following:

- 4 (a) ~~Ten dollars per occupied bed per day for nursing facilities.~~
- 5 (b) ~~Thirty dollars per occupied bed per day for intermediate care facilities~~
6 ~~for people with developmental disabilities.~~
- 7 (c) ~~Ten cents per out-patient prescription.~~
- 8 (d) ~~Ten cents per out-patient out-of-state prescription.~~
- 9 (e) ~~Ten cents per out-patient prescription dispensed by dispensing~~
10 ~~physicians.~~
- 11 (f) ~~Seven dollars and fifty cents per medical service trip for medical~~
12 ~~transportation providers.~~

13 (2)

14 * * *

15 (b) Every contract between a pharmacy or pharmacist or his agent and a
16 health insurance issuer or its agent shall include provisions requiring the health
17 insurance issuer or its agent to reimburse the pharmacy or pharmacist or his agent
18 for payment of the fee authorized by Subparagraph ~~(A)(1)(c)~~ (A)(1) of this Section,
19 provided that the pharmacy or pharmacist or his agent makes a claim for
20 reimbursement of the fee. Reimbursement, in accordance with R.S. 22:1854, shall
21 be made not later than the fifteenth day after the date on which the claim was
22 electronically adjudicated in the manner by which the pharmacy or pharmacist or his
23 agent routinely receives reimbursement and accompanied by a remittance advice
24 generated by a health insurance issuer or its agent which shall clearly identify the fee
25 for each claim. Any contract that does not include such provisions shall nonetheless
26 be interpreted and enforced to comply with this Section.

27 Section 2. R.S. 46:2625(B) is hereby repealed in its entirety.

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 517 Original

2016 Regular Session

Bacala

Abstract: Authorizes the Dept. of Health and Hospitals to impose provider fees on every class of healthcare provider, facility, and service recognized in federal Medicaid regulations.

Present law authorizes the Department of Health and Hospitals (DHH) to impose Medicaid provider fees in the following amounts:

- (1) \$10 per occupied bed per day for nursing facilities.
- (2) \$30 per occupied bed per day for intermediate care facilities for people with developmental disabilities.
- (3) 10¢ per out-patient prescription.
- (4) 10¢ per out-patient out-of-state prescription.
- (5) 10¢ per out-patient prescription dispensed by dispensing physicians.
- (6) \$7.50 per medical service trip for medical transportation providers.

Proposed law revises present law to authorize DHH instead to impose Medicaid provider fees on every class of healthcare provider, facility, and service provided for in federal Medicaid regulations. Such providers and services include:

- (1) Inpatient hospital services.
- (2) Outpatient hospital services.
- (3) Nursing facility services.
- (4) Intermediate care facility services for individuals with intellectual disabilities, and similar services furnished by community-based residences for individuals with intellectual disabilities, subject to certain limitations.
- (5) Physician services.
- (6) Home healthcare services.
- (7) Outpatient prescription drugs.
- (8) Services of managed care organizations.
- (9) Ambulatory surgical center services.
- (10) Dental services.
- (11) Podiatric services.
- (12) Chiropractic services.

- (13) Optometric and optician services.
- (14) Psychological services.
- (15) Therapist services, defined to include physical therapy, speech therapy, occupational therapy, respiratory therapy, audiological services, and rehabilitative specialist services.
- (16) Nursing services, defined to include all nursing services, including services of nurse midwives, nurse practitioners, and private duty nurses.
- (17) Laboratory and x-ray services.
- (18) Emergency ambulance services.
- (19) Other healthcare items or services not listed above on which the state has enacted a licensing or certification fee.

Present law stipulates that the amount of any provider fee shall not exceed the total cost to the state of providing the healthcare service subject to the fee. Proposed law retains present law, and stipulates further that the amount of each fee shall be the maximum nominal amount allowed pursuant to federal Medicaid regulations, not to exceed any cap provided in those regulations.

Present law provides that DHH shall not impose any new fee or increase any fee on any nursing home on or after April 1, 1992, without prior approval of the specific fee amount by record vote of a majority of the elected members of each house of the legislature while in session. Proposed law repeals present law.

(Amends R.S. 46:2625(A)(1) and (2)(b); Repeals R.S. 46:2625(B))