

2020 Regular Session

HOUSE BILL NO. 817

BY REPRESENTATIVE DUSTIN MILLER

MEDICAID MANAGED CARE: Provides for transparency in financing of 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. 40:1253.2(A)(1)(m) and R.S.
3 46:460.91(C)(5) and (F), relative to the state medical assistance program known
4 commonly as Medicaid; to stipulate that providers of nonemergency 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 content to be
7 included in the annual report concerning the Medicaid managed care program issued
8 by the Louisiana Department of Health; to require disclosure of claims payment data
9 associated with Medicaid nonemergency medical transportation; to provide for
10 reports to certain legislative committees of information on claims processing in the
11 Medicaid managed care program; to specify data and other material to be included
12 in such 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. 40:1253.2(A)(1)(m) is hereby enacted to read as follows:

15 §1253.2. Medicaid managed care program; reporting

16 A. The Louisiana Department of Health shall submit an annual report
17 concerning the Louisiana Medicaid managed care program and, if not included
18 within that program, any managed care program providing dental benefits to
19 Medicaid enrollees to the senate and house committees on health and welfare. The
20 department shall submit the report by June thirtieth every year, and the applicable

1 reporting period shall be for the previous state fiscal year except for those measures
2 that require reporting of health outcomes which shall be reported for the calendar
3 year prior to the current state fiscal year. The report shall include:

4 (1) Except when inapplicable due to the types of healthcare benefits
5 administered by the particular managed care organization, the following information
6 related to the managed care organizations contracted with the state to provide
7 Medicaid-covered healthcare services to Medicaid enrollees:

8 * * *

9 (m) The total amount of payments by each managed care organization for
10 nonemergency medical transportation services. The Louisiana Department of Health
11 shall provide an itemization of each managed care organization's total payments to
12 nonemergency medical transportation (NEMT) providers showing the proportions,
13 respectively, of its payments to NEMT providers that are Louisiana-based companies
14 and NEMT providers that are based outside of Louisiana.

15 * * *

16 Section 2. R.S. 46:460.51(7) is hereby amended and reenacted and R.S.
17 46:460.91(C)(5) and (F) are hereby enacted to read as follows:

18 §460.51. Definitions

19 As used in this Part, the following terms have the meaning ascribed in this
20 Section unless the context clearly indicates otherwise:

21 * * *

22 (7) "Healthcare provider" or "provider" means a person, partnership, limited
23 liability partnership, limited liability company, corporation, facility, or institution
24 that provides healthcare or professional services to individuals enrolled in the
25 Medicaid program. The terms "healthcare provider" and "provider", as used in this
26 Part, shall include providers of nonemergency medical transportation services.

27 * * *

1 §460.91. Claims processing data; reports to legislative committees

2 * * *

3 C. The report shall feature a narrative which includes, at minimum, the
4 action steps which the department plans to take in order to address all of the
5 following:

6 * * *

7 (5) Timeliness of claims payments to providers by each managed care
8 organization.

9 * * *

10 F.(1) The quarterly reports shall feature data on timeliness of claims
11 payments by each managed care organization; and, in the case of nonemergency
12 medical transportation, data on timeliness of claims payments by each managed care
13 organization, its transportation brokers, and its third-party administrators. At
14 minimum, the data shall include an average and a median days-to-payment metric
15 for all claims reflecting the number of calendar days elapsed from the date of claim
16 submission by the provider to the date of claim payment by the managed care
17 organization, transportation broker, or third-party administrator. If a claim for
18 payment is denied in whole or in part by a managed care organization, transportation
19 broker, third-party administrator, or a fiscal agent or intermediary of the managed
20 care organization, and the provider resubmits the claim in whole or in part and the
21 claim is paid in full or in part, then the days-to-payment metrics for that claim shall
22 be based upon the date of submission of the original claim.

23 (2) The department shall itemize the data on provider claims required by this
24 Subsection by claims from nonemergency medical transportation providers,
25 collectively, versus claims from all other healthcare providers, collectively.

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 Original

2020 Regular Session

Dustin Miller

Abstract: Stipulates that providers of nonemergency medical transportation (NEMT) services shall be deemed healthcare providers for purposes of Medicaid managed care laws and requires that data on financing of NEMT services be included in Medicaid managed care transparency reports issued by the La. Department of Health.

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 medical transportation (NEMT) services.

Present law requires the La. Department of Health (LDH) to submit an annual report concerning the Medicaid managed care program, known commonly as the "managed care transparency report", to the legislative committees on health and welfare. Provides requirements for the content of the report.

Proposed law retains present law and adds thereto a requirement that the annual managed care transparency report include the total amount of payments by each Medicaid managed care organization (MCO) for NEMT services. Requires 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 Louisiana-based companies and NEMT providers that are based outside of Louisiana.

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 MCOs to be included in the report.

Proposed law retains present law and adds thereto a requirement that the report feature data on timeliness of claims payments by each MCO; and, in the case of nonemergency medical transportation, data on timeliness of claims payments by each MCO, its transportation brokers, and its third-party administrators.

Proposed law requires that the data to be reported, at minimum, shall include 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 by the MCO, transportation broker, or third-party administrator. Provides that if a claim for payment is denied in whole or in part, the provider resubmits the claim, and the claim is paid in full or in part, then the days-to-payment metrics 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.

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. 40:1253.2(A)(1)(m) and R.S. 46:460.91(C)(5) and (F))