

Regular Session, 2011

SENATE BILL NO. 207

BY SENATOR MOUNT

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

MEDICAID. Requires DHH to submit annual reports concerning the Coordinated Care Network Medicaid initiative. (gov sig)

AN ACT

To enact Part XLII of Chapter 5 of Title 40 of the Louisiana Revised Statutes of 1950, to be comprised of R.S. 40:1300.21 through 1300.22, relative to Medicaid; to require the Department of Health and Hospitals to submit an annual report to the legislature on the Coordinated Care Network Medicaid initiative; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. Part XLII of Chapter 5 of Title 40 of the Louisiana Revised Statutes of 1950, comprised of R.S. 40:1300.21 through 1300.22, is hereby enacted to read as follows:

PART XLII. LOUISIANA MEDICAID COORDINATED CARE

PROGRAM TRANSPARENCY

§1300.21. Legislative intent

It is in the best interest of the citizens of the state that the Legislature of Louisiana ensure that the Louisiana Medicaid program is operated in the most efficient and sustainable method possible. With the transition of over two-thirds of the Medicaid eligible population from a fee-for-service based program to a managed care organization based program, it is imperative that there is

adequate reporting from the Department of Health and Hospitals in order to ensure the following outcomes are being achieved:

(1) Improved care coordination with patient-centered medical homes for Medicaid recipients.

(2) Improved health outcomes and quality of care as measured by metric, such as HEDIS.

(3) Increased emphasis on disease prevention and the early diagnosis and management of chronic conditions.

(4) Improved access to Medicaid services.

(5) Improved accountability with a decrease in fraud, abuse, and wasteful spending.

(6) A more financially sustainable Medicaid program.

§1300.22. Coordinated care program; reporting

Beginning October 1, 2013, and annually thereafter, the Department of Health and Hospitals shall submit an annual report concerning the Louisiana Medicaid Coordinated Care Program to the Senate and House committees on health and welfare which shall include, but not limited to, the following information:

(1) The name of each coordinated care network which has contracted with the Department of Health and Hospitals.

(2) The total number of health care professionals in each coordinated care network broken down by provider type and specialty.

(3) The total and monthly average of the number of members enrolled in each network broken down by eligibility group.

(4) The percentage of primary care practices that provide verified continuous phone access with the ability to speak with a primary care provider clinician within thirty minutes of member contact for each coordinated care network.

(5) The percentage of regular and expedited service authorization

1 requests processed within the timeframes specified by the contract for each
2 coordinated care network.

3 (6) The percentage of clean claims paid for each provider type within
4 thirty calendar days and the average number of days to pay all claims for each
5 coordinated care network.

6 (7) The number of members who chose the coordinated care network
7 and the number of members who were autoenrolled into each coordinated care
8 network, broken down by coordinated care network.

9 (8) The amount of the total payments and average per member per
10 month payment paid to each coordinated care network.

11 (9) The Medical Loss Ratio of each coordinated care network and the
12 amount of any refund to the state for failure to maintain the required Medical
13 Loss Ratio.

14 (10) A comparison of the following health outcomes among each
15 coordinated care network:

16 (a) Adult asthma admission rate.

17 (b) Congestive heart failure admission rate.

18 (c) Uncontrolled diabetes admission rate.

19 (d) Adult access to preventative/ambulatory health services.

20 (e) Breast cancer screening rate.

21 (f) Well child visits.

22 (g) Childhood immunization rates.

23 (11) A copy of the member and provider satisfaction survey report for
24 each coordinate care network.

25 (12) A copy of the annual audited financial statements for each
26 coordinated care network.

27 (13) The total amount of savings to the state for each shared savings
28 coordinated care network.

29 (14) A brief factual narrative of any sanctions levied by the Department

1 **of Health and Hospitals against a coordinated care network.**

2 **(15) The number of members, broken down by each coordinated care**
3 **network, who file a grievance or appeal and the number of members who**
4 **accessed the state fair hearing process and the total number and percentage of**
5 **grievances or appeals which reversed or otherwise resolved in favor of the**
6 **member.**

7 Section 2. This Act shall become effective upon signature by the governor or, if not
8 signed by the governor, upon expiration of the time for bills to become law without signature
9 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
10 vetoed by the governor and subsequently approved by the legislature, this Act shall become
11 effective on the day following such approval.

The original instrument and the following digest, which constitutes no part
of the legislative instrument, were prepared by Greg Waddell.

DIGEST

Proposed law requires that beginning October 1, 2013, and annually thereafter, the Department of Health and Hospitals shall submit an annual report concerning the Louisiana Medicaid Coordinated Care Program to the Senate and House committees on health and welfare which shall include certain information as provided for in proposed law.

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

(Adds R.S. 40:1300.21 - 1300.22)