SLS 11RS-415 **REENGROSSED**

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. Provides for annual reports on the Coordinated Care Network program and for legislative authority relative to termination of the program. (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 1300.23, 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; to provide for termination of legislative authority; 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 1300.23, 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

A. Beginning January 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 be limited to, the following information:

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

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

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

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

(7) The number of claims denied by each coordinated care network for each the following reasons:

(a) Lack of documentation to support medical necessity.

(b) Prior authorization was not on file.

(c) Member has other insurance that must be billed first.

(d) Claim was submitted after the filing deadline.

(e) Service was not covered by the coordinated care network.

(8) The number and dollar value of all claims paid to non-network providers by claim type categorized by emergency services and non-emergency services for each coordinated care network by geographic service area.

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

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

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

(12) A comparison of health outcomes, which includes but is not limited to the following outcomes among each coordinated care network:

(a) Adult asthma admission rate.

(b) Congestive heart failure admission rate.

(c) Uncontrolled diabetes admission rate.

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

(e) Breast cancer screening rate.

(f) Well child visits.

(g) Childhood immunization rates.

(13) A copy of the member and provider satisfaction survey report for each coordinated care network.

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

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

(16) A brief factual narrative of any sanctions levied by the Department of Health and Hospitals against a coordinated care network.

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

(18) The number of members who receive unduplicated medicaid services from each coordinated care network broken down by provider type, specialty, and place of service.

(19) The number of members who received unduplicated outpatient emergency services broken down by coordinated care network and aggregated by the following hospital classifications:

(a) State.

(b) Non-state non-rural.

(c) Rural.

(d) Private.

(20) The number of total inpatient medicaid days broken down by Coordinated Care Network and aggregated by the following hospital

classifications:

(a) State.

(b) Public non-state non-rural.

(c) Rural.

(d) Private.

(21) Any other metric or measure in which the Department of Health and Hospitals Coordinated Care Network Quality Committee deems appropriate for inclusion into the report.

B. The Department of Health and Hospitals shall submit all quarterly reports required to be submitted by coordinated care networks to the Senate Committee on Health and Welfare, the House Committee on Health and Welfare, and the Senate Committee on Finance and House Committee on Appropriations.

§1300.23. Termination of legislative authority

Within ninety days of the receipt of the January 1, 2014, report, pursuant to R.S. 40:1300.22, either the Joint Legislative Committee on the Budget or the House and Senate committees on health and welfare meeting jointly, may hold a meeting to determine whether the authority for the Coordinated Care Network Program within the Louisiana Medical Assistance Program shall be terminated. Any motion for termination of the Coordinated Care Network Program shall be adopted by either a majority vote of the Joint Legislative Committee on the Budget or a majority vote of both the House and Senate committees on health and welfare. If a motion of termination is adopted, the termination of authority shall be effective upon December 31, 2014, and no existing contracts shall be renewed and no new contracts shall be executed in furtherance of the Coordinated Care Network Program.

Section 2. This Act shall become effective upon signature by the governor or, if not signed by the governor, upon expiration of the time for bills to become law without signature by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If

vetoed by the governor and subsequently approved by the legislature, this Act shall become effective on the day following such approval.

The original instrument was prepared by Greg Waddell. The following digest, which does not constitute a part of the legislative instrument, was prepared by Linda Nugent.

DIGEST

Mount (SB 207)

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

Proposed law requires DHH to submit all quarterly reports submitted by the coordinated care networks to the Senate Committee on Health and Welfare, House Committee on Health and Welfare, Senate Committee on Finance, and the House Committee on Appropriations.

Proposed law provides that within 90 days of receipt of the Jan. 1, 2014, annual report, either the Joint Legislative Committee on the Budget or the House and Senate committees on health and welfare, meeting jointly, may determine if the authority for the Coordinated Care Network Program should be terminated. Termination, which would be effective Dec. 31, 2014, requires a majority vote of the committees.

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

(Adds R.S. 40:1300.21 - 1300.23)

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Health and Welfare to the original bill.

1. Technical conforming amendments

2. Changes the reporting date from October 1, 2013, to January 1, 2013.

3. Adds additional metric or measures to be reported by the Department of Health and Hospitals.

4. Provides for submission of certain reports received by DHH from CCNs to certain legislative committees.

5. Provides that certain portions of the Louisiana Medical Assistance Program shall sunset on December 31, 2014.

Senate Floor Amendments to engrossed bill.

1. Eliminates December 31, 2014, sunset date for certain portions of the La. Medical Assistance Program.

2. Authorizes either the Jt. Budget Committee or the House and Senate committees on health and welfare to determine if the CCN program should be terminated, which would be effective Dec. 31, 2014.

3. Legislative Bureau technical amendments.