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## DIGEST

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### CONFERENCE COMMITTEE REPORT DIGEST

House Bill No. 392 by Representative Stuart Bishop

#### **Keyword and oneliner of the instrument as it left the House**

MEDICAID: Provides relative to continuity of care for newborns enrolled in Medicaid managed care

#### **Report rejects Senate amendments which would have:**

1. Required that monthly capitation rates which DHH offers to managed care organizations continue to be actuarially sound and consistent with federal requirements as a condition of the prohibition in proposed law on DHH changing managed care organizations' per member per month contractual rates for the purpose of implementing proposed law.

#### **Report amends the bill to:**

1. Change the minimum rate provided in proposed law at which managed care organizations shall compensate health care providers for certain primary care services for newborns from 100% of the Medicaid fee-for-service rate to 90% of the Medicaid fee-for-service rate.
2. Change the designation of certain health services provided for in proposed law from "all primary care services" to "each service coded as a primary care service".
3. Stipulate that regardless of whether a Medicaid provider rendering primary care services to newborns is a contracted provider with a managed care organization, the provider is subject to the same requirements as a contracted provider.
4. Delete proposed law prohibiting DHH from amending or otherwise altering any existing per member per month contractual rate of a managed care organization in effect on the effective date of proposed law for any purpose which is related to the implementation of proposed law.

#### **Digest of the bill as proposed by the Conference Committee**

Proposed law requires each Medicaid managed care organization which contracts with DHH to compensate, at a minimum, 90% of the Medicaid fee-for-service rate in effect for the dates of service for each service coded as a primary care service rendered to a newborn Medicaid beneficiary within 30 days of the beneficiary's birth regardless of whether the Medicaid provider rendering the services is contracted with the managed care organization, but subject to the same requirements as a contracted provider.

Proposed law requires that on or before Jan. 1, 2014, and annually thereafter, DHH report to the legislative committees on health and welfare the incidence and causes of all re-hospitalizations of infants born premature at less than 37 weeks gestational age and who are within the first six months of life.