

CONFERENCE COMMITTEE REPORT
House Bill No. 392 By Representative Stuart Bishop

June 5, 2013

To the Honorable Speaker and Members of the House of Representatives and the Honorable President and Members of the Senate.

Ladies and Gentlemen:

We, the conferees appointed to confer over the disagreement between the two houses concerning House Bill No. 392 by Representative Stuart Bishop, recommend the following concerning the Reengrossed bill:

1. That the Senate Committee Amendment proposed by the Senate Committee on Health and Welfare and adopted by the Senate on May 23, 2013, be rejected.
2. That the Reengrossed bill be amended as follows:

AMENDMENT NO. 1

On page 2, line 8, after "minimum," and before "the" insert "ninety percent of"

AMENDMENT NO. 2

On page 2, line 9, after "for" delete the remainder of the line and insert in lieu thereof "each service coded as a primary care service"

AMENDMENT NO. 3

On page 2, at the beginning of line 10, delete "services"

AMENDMENT NO. 4

On page 2, line 12, after "organization" and before the period "." insert a comma "," and "but subject to the same requirements as a contracted provider"

AMENDMENT NO. 5

On page 2, delete lines 17 through 20 in their entirety

Respectfully submitted,

Representative Stuart Bishop

Senator Ronnie Johns

Representative Scott M. Simon

Senator David Heitmeier

Representative John F. "Andy" Anders

Senator Jack Donahue

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)]

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.