

RÉSUMÉ DIGEST

ACT 158 (SB 109)

2015 Regular Session

Johns

Prior law required on an annual basis the Department of Health and Hospitals (DHH) to submit an annual report concerning the La. Medicaid Bayou Health program and the La. Behavioral Health Partnership and Coordinated System of Care programs to the Senate and House committees on health and welfare.

New law amends prior law to require both reports be based on the fiscal year except for the report measures specifically measured on calendar year.

New law amends prior law by replacing the term "coordinated care network" with "managed care organization".

New law amends prior law by removing reported outcomes and comparisons to Legacy Medicaid.

New law adds a requirement that the report to be issued by DHH include the following information concerning managed care organizations administering dental benefits:

- (1) A comparison of oral health outcomes including but not limited to the percentage of eligible patients that saw a dentist within the year addressed by the report.
- (2) The rates of certain procedures performed on enrollees who saw a dentist.
- (3) Information concerning prior authorization requests and denials, delineated by type of procedure.

New law adds that the report shall include information concerning Medicaid drug rebates and manufacturer discounts delineated by each managed care organization and the prescription benefit manager contracted or owned by the managed care organization.

New law adds to the report a monthly total dollar amount of Medicaid drug rebates and discounts collected and used; also adds a monthly total dollar amount of Medicaid drug rebates and discounts collected and remitted to DHH.

New law clarifies the reporting metrics for evaluation purposes.

New law replaces the term "geographical service area" with "parish".

New law replaces the term "human service district or local government entity" with "parish".

New law amends prior law by consolidating reporting metrics on referral calls to the La. Behavioral Health Partnership into a single metric for all referrals.

New law amends prior law by replacing the requirement to report specified reasons for a claim denial with the requirement to report the top five reasons for claim denials.

New law requires a final report on the La. Behavioral Health Partnership's integration into Medicaid managed care to be issued no later than six months after integration.

New law provides that prior to August 1, 2015, every managed care organization contracted with the state to provide Medicaid services to Medicaid enrollees shall report to DHH the uniform resource locator of a webpage which contains a publicly accessible copy of all practice guidelines utilized by each managed care organization which are required to be made available to healthcare providers pursuant to federal regulations (42 CFR 438.236(c)). Requires DHH to place and maintain publicly accessible web links to each of these webpages upon its website.

Effective upon signature of the governor (June 23, 2015).

(Amends R.S. 40:1300.361(A)(2) and 1300.362, 1300.363, and 1300.364)