

2019 Regular Session

HOUSE BILL NO. 211

BY REPRESENTATIVE HORTON

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

MEDICAID: Provides relative to Medicaid coverage of certain behavioral health services

1 AN ACT

2 To enact Subpart C-1 of Part XIII of Chapter 3 of Title 46 of the Louisiana Revised Statutes
3 of 1950, to be comprised of R.S. 46:460.77.1 and 460.77.2, relative to the medical
4 assistance program of this state known commonly as Medicaid; to provide relative
5 to Medicaid coverage of certain behavioral health services; to limit the number of
6 reimbursable service hours per day for providers of certain behavioral health
7 services; to require inclusion of certain information on claims for payment for
8 behavioral health services; and to provide for related matters.

9 Be it enacted by the Legislature of Louisiana:

10 Section 1. Subpart C-1 of Part XIII of Chapter 3 of Title 46 of the Louisiana Revised
11 Statutes of 1950, comprised of R.S. 46:460.77.1 and 460.77.2, is hereby enacted to read as
12 follows:

13 SUBPART C-1. BEHAVIORAL HEALTH SERVICES CLAIMS

14 §460.77.1. Behavioral health services claims; limitation on service hours;
15 information required for payment

16 A.(1)(a) For purposes of this Paragraph, "CPST services" means community
17 psychiatric support and treatment services and "PSR services" means psychosocial
18 rehabilitation services.

19 (b) The following individual types of providers of behavioral health services
20 shall be limited to a maximum combined total of twelve reimbursable hours of CPST

1 services and PSR services per provider, per day, regardless of the number of patients
2 seen by the provider for CPST and PSR services:

3 (i) Psychologists.

4 (ii) Advanced practice registered nurses.

5 (iii) Physician assistants.

6 (iv) Licensed clinical social workers.

7 (v) Licensed professional counselors.

8 (vi) Licensed marriage and family therapists.

9 (vii) Addiction counselors licensed, certified, or registered in accordance
10 with the Addictive Disorders Practice Act, R.S. 37:3386 et seq.

11 (viii) Mental health professionals as defined in Chapter 56 of Part I of Title
12 48 of the Louisiana Administrative Code.

13 (ix) Unlicensed professionals as defined in Chapter 56 of Part I of Title 48
14 of the Louisiana Administrative Code.

15 (x) Unlicensed direct care staff or aides as defined in Chapter 56 of Part I of
16 Title 48 of the Louisiana Administrative Code.

17 (c) Services subject to the twelve-hour limitation provided in this Paragraph
18 include all CPST and PSR services rendered per individual National Provider
19 Identifier at one or more outpatient behavioral health services provider facilities or
20 agencies within a twenty-four-hour period.

21 (2) No managed care organization shall accept for payment any claim or set
22 of claims from a behavioral health services provider agency that reflects a number
23 of hours exceeding the per-provider, per-day limit provided in Paragraph (1) of this
24 Subsection.

25 B. No managed care organization shall accept for payment a claim from a
26 provider of behavioral health services unless that claim includes all of the following
27 information:

28 (1) All claim information required by R.S. 40:2162.

1 (2) The time of service including a start time and end time for each claim
2 line.

3 C. The department shall include the limitation on reimbursable hours of
4 services and the prohibition on acceptance of deficient claims provided in
5 Subsections A and B of this Section in each contract with a managed care
6 organization that covers behavioral health services.

7 §460.77.2. Behavioral health services claim information; access by legislative
8 auditor and Medicaid Fraud Control Unit

9 Upon request of the legislative auditor or the Medicaid Fraud Control Unit
10 of the office of the attorney general, the department shall furnish to the requestor
11 behavioral health claims data that meets the applicable standard for completeness set
12 forth by the legislative auditor or the attorney general.

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)]

HB 211 Original

2019 Regular Session

Horton

Abstract: Limits the number of hours per day of certain behavioral health services reimbursable by Medicaid and requires that certain information be included on provider claims for behavioral health services.

Proposed law provides that, for purposes of proposed law, "CPST services" means community psychiatric support and treatment services and "PSR services" means psychosocial rehabilitation services.

Proposed law limits Medicaid reimbursement for behavioral health providers who furnish CPST and PSR services by providing that the following types of providers shall be limited to a maximum combined total of 12 reimbursable hours of CPST services and PSR services per provider, per day, regardless of the number of patients seen by the provider for those services:

- (1) Psychologists.
- (2) Advanced practice registered nurses.
- (3) Physician assistants.
- (4) Licensed clinical social workers.
- (5) Licensed professional counselors.
- (6) Licensed marriage and family therapists.

- (7) Licensed, certified, or registered addiction counselors.
- (8) Mental health professionals as defined in present administrative rule.
- (9) Unlicensed professionals as defined in present administrative rule.
- (10) Unlicensed direct care staff or aides as defined in present administrative rule.

Proposed law stipulates that services subject to the 12-hour limitation provided in proposed law include all CPST and PSR services rendered per individual National Provider Identifier at one or more outpatient behavioral services provider facilities or agencies within a 24-hour period.

Proposed law prohibits Medicaid managed care organizations from accepting for payment any claim or set of claims from a behavioral services provider agency that reflects a number of hours that exceeds the 12-hour per-provider, per-day limit established in proposed law.

Proposed law prohibits Medicaid managed care organizations from accepting for payment any behavioral health services claim that does not include all of the following information:

- (1) All claim information required by present law relative to specialized behavioral health services in the state Medicaid program (R.S. 40:2162).
- (2) The time of service including a start time and end time for each claim line.

Proposed law requires the La. Department of Health to include the limitation on reimbursable hours of services and the prohibition on acceptance of deficient claims provided in proposed law in each contract with a Medicaid managed care organization that covers behavioral health services.

Proposed law requires that upon request of the legislative auditor or the Medicaid Fraud Control Unit of the office of the attorney general, the La. Department of Health shall furnish to the requestor behavioral health claims data that meets the requestor's standard for completeness.

(Adds R.S. 46:460.77.1 and 460.77.2)