SENATE FILE RAGAN, WARNSTADT, BEALL, WILHELM, OLIVE, SCHOENJAHN, HECKROTH, STEWART, and DOTZLER

Passed	Senate,	Date	Passed	House,	Date		
Vote:	Ayes	Nays	Vote:	Ayes _		Nays	
Approved						-	

A BILL FOR

1 An Act relating to transfer procedures for and compensation of

health care providers not participating in IowaCare.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

4 TLSB 1776XS 83

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Section 1. <u>NEW SECTION</u>. 249J.24A NONPARTICIPATING 2 PROVIDER EXPANSION POPULATION PROVIDER NETWORK == TRANSFER 3 PROCEDURE == COMPENSATION FUND.

1. The department shall establish a procedure to transfer 5 an expansion population member who seeks medical care or 6 treatment for a covered service from a nonparticipating 7 provider in the expansion population provider network to a 8 participating provider in the expansion population provider 1 9 network, if medically possible. If transfer is not medically 1 10 possible or if the participating provider refuses to accept 1 11 the transfer of the expansion population member, the 1 12 nonparticipating provider shall be compensated for the covered 1 13 service provided through the nonparticipating provider 1 14 expansion population provider network compensation fund in 1 15 accordance with subsection 2.

2. a. A nonparticipating provider expansion population 1 17 provider network compensation fund is created in the state 1 18 treasury under the authority of the department. Moneys 1 19 designated for deposit in the fund that are received from 20 sources including but not limited to appropriations from the 1 21 general fund of the state, grants, and contributions shall be 1 22 deposited in the fund.

b. Moneys in the fund shall be separate from the general fund of the state and shall not be considered part of the 1 25 general fund of the state. The moneys deposited in the fund 1 26 are not subject to section 8.33 and shall not be transferred, 27 used, obligated, appropriated, or otherwise encumbered, except 1 28 to provide for the purposes specified in this section. 1 29 Notwithstanding section 12C.7, subsection 2, interest or 1 30 earnings on moneys deposited in the fund shall be credited to 31 the fund.

c. Moneys deposited in the fund shall be used only to 33 compensate nonparticipating providers in the expansion 34 population provider network pursuant to section 249J.7, 35 provide covered services to expansion population members, if 1 no other third party is liable for reimbursement for the 2 services provided.

d. In order to be compensated through the fund, a health 4 care provider shall submit a claim to the department for 5 compensation and reimbursement of expenses incurred in 6 providing covered services to an expansion population member. 7 The department shall adopt rules relating to the format of and 8 the information to be included in the claims submitted. 9 claim shall be submitted to the department within forty=five 2 10 days of provision of the covered service.

e. The department shall attempt to maximize receipt of 11 12 federal matching funds under the medical assistance program 2 13 for covered services provided under this section.

2 14 3. For the purposes of this section, "nonparticipating 2 15 provider" means a hospital licensed pursuant to chapter 135B

2 16 that is not a member of the expansion population provider 2 17 network as specified in section 249J.7. 2 18

EXPLANATION

This bill directs the department of human services to 2 20 establish a procedure to transfer an IowaCare member who seeks 2 21 medical care or treatment for a covered service from a 22 provider who is not participating in the IowaCare provider 23 network to an IowaCare provider, if medically possible. 2 24 transfer is not medically possible or if the participating 25 provider refuses to accept the transfer of the expansion 26 population member, the nonparticipating provider shall be 2 27 compensated through the fund established for such compensation 2 28 under the bill.

The bill creates a fund to be used to compensate health 30 care providers who are not included in the IowaCare provider 2 31 network and who provide covered services to expansion 32 population members that are not reimbursable by any other 33 third party. Moneys to be deposited in the fund are moneys 34 received from sources including but not limited to 35 appropriations from the general fund of the state, grants, and 1 contributions.

The bill requires that in order to be compensated through 3 the fund, a health care provider must submit claims to the 4 department of human services. The bill directs the department 5 to adopt rules relating to the format of and the information 6 to be included in the claims submitted. A claim shall be 7 submitted to the department within 45 days of provision of the 8 service. The bill directs the department to attempt to 9 maximize receipt of federal matching funds under the medical 10 assistance program for covered services provided under the 11 bill. The bill also defines "nonparticipating provider" for 3 12 the purposes of the bill.

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