



LEGISLATIVE FISCAL OFFICE
Fiscal Note

Fiscal Note On: HCR 2 HLS 25RS 363

Bill Text Version: ENGROSSED

Opp. Chamb. Action:

Proposed Amd.:

Sub. Bill For.:

Date: May 13, 2025	2:36 PM	Author: MCFARLAND
Dept./Agy.: LDH/Medicaid		
Subject: Hospital Stabilization Formula		Analyst: Anthony Shamis

HOSPITALS

EG +\$642,278,828 SD RV See Note

Page 1 of 1

Provides for a hospital stabilization formula

Proposed resolution provides for a hospital assessment. Proposed resolution provides the total assessment for the state in FY 26 based on a tiered assessment methodology by hospital provider type. Proposed resolution provides for exclusions to the hospital assessment. Proposed resolution provides for the use of the revenues generated through the assessment. LDH is required to pay hospital reimbursement rates in an amount no less than the reimbursement rates in effect for dates of service on or after January 1, 2025. In addition, revenues generated from the assessment will be used for a directed payment arrangement (upon approval of the Centers for Medicare and Medicaid Services). Proposed resolution provides that in the event CMS does not approve the directed payment arrangement that LDH shall be authorized to develop and submit a new directed payment arrangement to CMS, LDH shall obtain approval from the Joint Legislative Committee on the Budget prior to implementing either a directed payment arrangement or levying an assessment. Proposed resolution provides for reporting requirements of LDH.

EXPENDITURES	2025-26	2026-27	2027-28	2028-29	2029-30	5 -YEAR TOTAL
State Gen. Fd.	\$0	\$0	\$0	\$0	\$0	\$0
Agy. Self-Gen.	\$0	\$0	\$0	\$0	\$0	\$0
Ded./Other	\$642,287,828	\$0	\$0	\$0	\$0	\$642,287,828
Federal Funds	\$2,283,399,884	\$0	\$0	\$0	\$0	\$2,283,399,884
Local Funds	\$0	\$0	\$0	\$0	\$0	\$0
Annual Total	\$2,925,687,712	\$0	\$0	\$0	\$0	\$2,925,687,712

REVENUES	2025-26	2026-27	2027-28	2028-29	2029-30	5 -YEAR TOTAL
State Gen. Fd.	\$0	\$0	\$0	\$0	\$0	\$0
Agy. Self-Gen.	\$0	\$0	\$0	\$0	\$0	\$0
Ded./Other	\$642,287,828	\$0	\$0	\$0	\$0	\$642,287,828
Federal Funds	\$2,283,399,884	\$0	\$0	\$0	\$0	\$2,283,399,884
Local Funds	\$0	\$0	\$0	\$0	\$0	\$0
Annual Total	\$2,925,687,712	\$0	\$0	\$0	\$0	\$2,925,687,712

EXPENDITURE EXPLANATION

The statutory dedication revenue generated from this assessment will be used to draw federal matching funds for payments for the following: 1) historical inpatient and outpatient rate increases added in prior resolutions (rates in effect for dates of service on or after January 1, 2025, are required to be maintained); and 2) to partially fund “directed payments” to hospital providers (subject to CMS approval).

Note: As of May 2025, the Preprint for the FY 26 Hospital Directed Payments Model has not been submitted to CMS for approval. LFO is awaiting additional information from LDH that reflects total Hospital Directed Payment funding and allocations for FY 26.

REVENUE EXPLANATION

Proposed resolution will generate approximately \$642.3 M in statutory dedication revenue (deposited into the Hospital Stabilization Fund) in FY 25. Upon approval by CMS of the directed payment arrangement, LDH is authorized to levy and collect a provider assessment on certain hospitals. The assessment rates (%) for FY 25/26 are tiered by hospital, and applied to hospitals’ inpatient net patient revenue and outpatient net patient revenue as reported in the Medicare cost report ending in federal fiscal year 2023. The rates are reflected below:

- 1) Long-term acute care, psychiatric and rehabilitation hospitals: 1.3% of inpatient and outpatient net patient revenue.
- 2) Certain hospital service district hospitals: 4% of inpatient net patient revenue up to \$125 M, 4% of outpatient net patient revenue up to \$125 M.
- 3) Acute care hospitals: 5% of inpatient net patient revenue up to \$125 M, and 5% of outpatient net patient revenue up to \$125 M.
- 4) Certain hospital service district hospitals and all other acute care hospitals: 2% of inpatient net patient revenue exceeding \$125 M, and 2% of outpatient net patient revenue exceeding \$125 M.

Note: This resolution excludes certain hospitals from the assessment, including certain acute care hospitals with 40 beds or less, freestanding psychiatric Medicaid DSH hospitals, and rural hospitals as defined in R.S. 40:1189.1. Revenue is not reflected beyond FY 26 as future resolutions must be filed and passed annually by the legislature to generate additional assessment revenue.

<u>Senate</u>	<u>Dual Referral Rules</u>	<u>House</u>	
<input checked="" type="checkbox"/> 13.5.1 >= \$100,000 Annual Fiscal Cost {S & H}		<input type="checkbox"/> 6.8(F)(1) >= \$100,000 SGF Fiscal Cost {H & S}	
<input checked="" type="checkbox"/> 13.5.2 >= \$500,000 Annual Tax or Fee Change {S & H}		<input type="checkbox"/> 6.8(G) >= \$500,000 Tax or Fee Increase or a Net Fee Decrease {S}	

Patrice Thomas

Deputy Fiscal Officer