

1 (6) Enhance the financial sustainability of the Medicaid hospital program by
2 pursuing a hospital directed payment model that is in conformance with the rules and
3 regulations promulgated by the Centers for Medicaid and Medicare Services.

4 THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby
5 enact the annual hospital stabilization formula pursuant to Article VII, Section 10.13 of the
6 Constitution of Louisiana:

7 I. Hospital Stabilization Assessment.

8 A.(1) Upon approval by the Centers for Medicare and Medicaid Services of
9 a directed payment arrangement for inpatient and outpatient hospital services
10 pursuant to 42 C.F.R. 438.6, the Louisiana Department of Health shall be authorized
11 to levy and collect an assessment upon those hospitals subject to the approved
12 directed payment arrangement that is in accordance with the provisions of this
13 Subsection.

14 (2) Any hospital assessment levied and collected pursuant to this Resolution
15 shall be levied and collected on a quarterly basis. Prior to the levy of any assessment
16 pursuant to the provisions of this Resolution, the Louisiana Department of Health
17 shall submit a Medicaid assessment report to the Joint Legislative Committee on the
18 Budget. The Medicaid assessment report shall include a description of the proposed
19 assessment, the basis for the calculation of the assessment, and a listing of each
20 hospital included in the proposed assessment.

21 B.(1) The hospital assessment for state Fiscal Year 2026-2027 shall be
22 calculated as the product of the rates set forth as follows and the respective hospitals'
23 inpatient net patient revenue and outpatient net patient revenue as reported in the
24 Medicare cost report ending in federal fiscal year 2023:

25 (a) Long-term acute care, psychiatric, and rehabilitation hospitals: 1.38% of
26 inpatient net patient revenue and 1.38% of outpatient net patient revenue.

27 (b) Hospital Service Districts not included in R.S. 40:1189.1 et seq.: 4.99%
28 of inpatient net patient revenue up to one hundred twenty-five million dollars and
29 4.99% of outpatient net patient revenue up to one hundred twenty-five million
30 dollars.

1 (c) All other acute care hospitals: 6.49% of inpatient net patient revenue up
2 to one hundred twenty-five million dollars and 6.74% of outpatient net patient
3 revenue up to one hundred twenty-five million dollars.

4 (d) Hospital Service Districts not included in R.S. 40:1189.1 et seq. and all
5 other acute care hospitals: 2.36% of inpatient net patient revenue exceeding one
6 hundred twenty-five million dollars and 2.36% of outpatient net patient revenue
7 exceeding one hundred twenty-five million dollars.

8 (2) Non-rural, small urban private acute hospitals with forty licensed beds or
9 less, either as reported in the Medicare cost report ending in federal fiscal year 2023
10 or as licensed by the Louisiana Department of Health; freestanding psychiatric
11 Medicaid disproportionate share hospitals; and rural hospitals as defined in
12 R.S.40:1189.1 et seq. shall be exempt and excluded from the levy of any assessment
13 implemented pursuant to this Subsection.

14 C. In the event the Centers for Medicare and Medicaid Services does not
15 approve an assessment consistent with the provisions set forth in this Resolution, the
16 Louisiana Department of Health shall be authorized to develop a new assessment that
17 shall be approved by the Joint Legislative Committee on the Budget prior to the levy
18 of the assessment.

19 D. An assessment levied pursuant to this Resolution shall be levied only for
20 the quarters that directed payments are actually paid to hospitals pursuant to 42
21 C.F.R. 438.6 directed payment arrangements as approved by the Centers for
22 Medicare and Medicaid Services.

23 II. Reimbursement Enhancements.

24 A. Upon the implementation of an assessment pursuant to Subsection A of
25 Section I of this Resolution, the Louisiana Department of Health shall provide for
26 reimbursement enhancements as follows:

27 (1)(a) Implementation of directed payment arrangement for inpatient and
28 outpatient hospital services pursuant to 42 C.F.R. 438.6.

1 (i) For acute care hospitals, the methodology shall be implemented in the
2 manner set forth in the directed payment arrangement submitted to the Centers for
3 Medicaid and Medicare Services on or before May 31, 2026.

4 (ii) For post-acute care hospitals, the methodology shall be implemented in
5 the manner set forth in the directed payment arrangement submitted to the Centers
6 for Medicaid and Medicare Services on or before May 31, 2026.

7 (b) In the event the Centers for Medicare and Medicaid Services does not
8 approve the directed payment arrangement for inpatient and outpatient hospital
9 services submitted to the Centers for Medicaid and Medicare Services on or before
10 May 31, 2026, the Louisiana Department of Health shall be authorized to develop
11 and submit to the Centers for Medicare and Medicaid Services a new directed
12 payment arrangement for inpatient and outpatient hospital services and a new
13 assessment. The Louisiana Department of Health shall obtain the approval of the
14 Joint Legislative Committee on the Budget prior to implementing either a directed
15 payment arrangement or levying an assessment pursuant to the provisions of this
16 Paragraph.

17 (2) Payment for healthcare services through the implementation of a health
18 coverage expansion of the Louisiana medical assistance program that meets all the
19 requirements necessary for the state to maximize federal matching funds as set forth
20 in 42 U.S.C. 1396d(y) of Title XIX of the Social Security Act.

21 (3) For any hospital subject to the assessment levied pursuant to this
22 Resolution, the payment of hospital reimbursement rates in an amount no less than
23 the reimbursement rates in effect for dates of service on or after January 1, 2026.

24 B. The Louisiana Department of Health shall publish, on a publicly
25 accessible website of the department, the approved Centers for Medicare and
26 Medicaid Services directed payment arrangements within ten days of receiving
27 approval.

28 C. The Louisiana Department of Health shall publish on a quarterly basis, no
29 later than thirty days after the end of each quarter, a report containing data directly

- (3) All other acute care hospitals: 6.49% of inpatient net patient revenue up to \$125 M and 6.74% of outpatient net patient revenue up to \$125 M.
- (4) Hospital Service districts not classified as rural hospitals pursuant to present law (R.S. 40:1189.1 et seq.) and all other acute care hospitals: 2.36% of inpatient net patient revenues exceeding \$125 M and 2.36% of outpatient net patient revenue exceeding \$125 M.

Exempts the following hospitals from the assessment:

- (1) Non-rural, small urban private acute hospitals with 40 licensed beds or less, either as reported in the Medicare cost report ending in federal fiscal year 2023 or as licensed by LDH.
- (2) Freestanding psychiatric Medicaid disproportionate share hospitals.
- (3) Rural hospitals as defined in present law (R.S. 40:1189.1 et seq.).

Restricts the levy of the assessment to only the quarters in which directed payments are made to hospitals.

Requires LDH to develop a new assessment and obtain approval of the Joint Legislative Committee on the Budget (JLCB) prior to levy, if CMS does not approve an assessment consistent with the proposed formula.

Provides for reimbursement enhancements as follows:

- (1) Implementation of directed payment arrangement for inpatient and outpatient hospital services pursuant to 42 CFR 438.6.
 - (a) For acute care hospitals, the methodology is implemented in the manner set forth in the directed payment arrangement submitted to CMS on or before May 31, 2026.
 - (b) For post-acute care hospitals, the methodology is implemented in the manner set forth in the directed payment arrangement submitted to the CMS on or before May 31, 2026.
- (2) Payment for healthcare services through the implementation of Medicaid expansion.
- (3) Payment of hospital reimbursement rates in an amount no less than the reimbursement rates in effect for dates of service on or after Jan. 1, 2026.

Requires LDH to develop a new directed payment arrangement and obtain approval of the JLCB prior to implementation, if CMS does not approve an assessment that is consistent with the proposal submitted prior to May 31, 2026.

Requires LDH to submit any state plan amendment necessary in order to implement the provisions of the assessment within 120 days of the adoption of this Resolution. Further requires LDH to promulgate any rules and regulations necessary to implement the provisions of the assessment. Further provides that final adoption of such rules is not required in order to implement and carry out the provisions of the assessment.

Requires LDH to publish on the department's website the approved CMS directed payment arrangements within 10 days of receiving approval.

Requires LDH to publish no later than 30 days after the end of each quarter a report containing data directly related to the reimbursement enhancements, which shall include the following:

- (1) The total amount of inpatient and outpatient Medicaid claims paid to hospitals broken out by each individual hospital Medicaid provider number.
- (2) The amount of directed payments received by each hospital.
- (3) Other supplemental payments received by each hospital.