The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Christine Arbo Peck.

DIGEST

SB 146 Engrossed

2018 Regular Session

Mills

<u>Proposed law</u> establishes an enhanced Medicaid reimbursement rate for hospitals that triage Medicaid patients presenting at the hospital emergency department to a hospital urgent care or primary care clinic when such transition is appropriate. <u>Proposed law</u> provides for an attestation by the hospital of the percentage of emergency department volume that was successfully transitioned to the urgent care or primary care clinic.

<u>Proposed law</u> provides for a graduated benchmark over the course of three years where a hospital could earn enhanced reimbursement in the amount of 30% for professional services provided by the hospital for each year of achieving the benchmark reductions in volume.

<u>Proposed law</u> provides that hospitals that advertise wait times or allow for advance appointment scheduling for emergency department visits and hospitals that do not predominantly treat Medicaid recipients in their urgent care or primary care clinic are not eligible for the enhanced reimbursement rate.

<u>Proposed law</u> provides that funding for the enhanced rate comes in part from the savings achieved by paying for fewer costly emergency department visits.

Proposed law authorizes LDH to promulgate rules to implement proposed law.

Effective August 1, 2018.

(Adds R.S. 40:1248)

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Health and Welfare to the original bill

- 1. Includes primary care clinic as a recognized option, along with urgent care clinic, to transition a Medicaid patient to when appropriate.
- 2. Clarifies that the enhanced reimbursement is for professional services provided by the hospital.
- 3. Deletes the word nonemergent.