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## DIGEST

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HCR 5 Original

2019 Regular Session

Barras

Provides for a hospital stabilization formula pursuant to Art. VII, §10.13 of the Constitution of La., including assessments and reimbursement enhancements.

Requires the La. Dept. of Health (LDH) to calculate, collect, and levy an assessment from hospitals not to exceed the lesser of one of the following:

- (1) The state portion of the cost of the reimbursement enhancements from the payment for healthcare services through the implementation of Medicaid expansion which are directly attributable to payments to hospitals, excluding any federal financial participation and supplemental Medicaid payments.
- (2) 1% of the total net patient revenue of all hospitals included in the assessment, as reported in the Medicare cost report ending in state FY 2015.

Provides for the assessment if the following occur:

- (1) The applicable federal financial participation for newly eligible Medicaid recipients under Medicaid expansion is less than 100%.
- (2) LDH submits a Medicaid assessment report to the Joint Legislative Committee on the Budget.

Provides for reimbursement enhancements as follows:

- (1) Payment for healthcare services through the implementation of Medicaid expansion.
- (2) Payment of hospital reimbursement rates in an amount no less than the greater of the following:
  - (a) The reimbursement rates in effect for dates of service on or after Jan. 1, 2019.
  - (b) The reimbursement rates in conformity with HCR 6 of the 2018 Regular Session.
  - (c) For dates of service on or after Jan. 1, 2020:
    - (i) Patient reimbursement rates increased by an the four quarter moving average

value for the first quarter of the federal FY 2020 as published by CMS on or before June 30, 2019.

- (ii) For inpatient reimbursement rates, long-term acute hospitals indexed to 45%, separately licensed, Medicare designated, rehabilitation hospitals indexed to 37%, and distinct part psychiatric units and freestanding psychiatric hospitals indexed to 32%.

Requires the department set the catastrophic outlier pool aggregate payment amount to be at least 50% of total hospital outlier claims submitted with dates of service in state FY 2017-2018.

Requires LDH to quarterly publish a report that includes total Medicaid enrollment, average monthly Medicaid managed care premium rates, aggregate claims by provider, and the total amount of hospital claims by hospital.