
HOUSE COMMITTEE AMENDMENTS

2021 Regular Session

Amendments proposed by House Committee on Health and Welfare to Original House Bill No. 453 by Representative Deshotel

AMENDMENT NO. 1

On page 1, at the beginning of line 3, change "and 1248.8(D)" to "1248.8(C) and (D), and 1248.11(A)"

AMENDMENT NO. 2

On page 1, line 10, after "funds;" and before "to authorize" insert "to revise provisions relative to rural institutional providers;"

AMENDMENT NO. 3

On page 1, at the end of line 13, delete "and"

AMENDMENT NO. 4

On page 1, at the beginning of line 14, change "1248.8(D)" to "1248.8(C) and (D), and 1248.11(A)"

AMENDMENT NO. 5

On page 4, between lines 19 and 20, insert the following:

"C. A parish that collects a local hospital assessment payment authorized by this Subpart shall set the amount of the local hospital assessment payment. The amount of the local hospital assessment payment required of each paying hospital may not exceed ~~an amount that, when added to the amount of the local hospital assessment payments required from all other paying hospitals in the parish, and the amount of any assessment, local hospital assessment payment, or tax imposed by the state, equals an amount of revenue that exceeds six percent of the aggregate net patient revenue of all paying hospitals in the parish~~ the difference between the maximum allowable amount under 42 CFR 433.68(f)."

AMENDMENT NO. 6

On page 4, after line 30, add the following:

"§1248.11. Rural institutional providers; enhanced reimbursement
 A. Upon request from a parish in which a rural institutional provider is located, the department shall attempt in good faith to execute a cooperative endeavor agreement for the use of local provider participation fund proceeds. The parish request shall be in writing and a copy shall be provided to the House and Senate health and welfare committees. If the department fails to execute a cooperative endeavor agreement within ninety days of receipt of the parish request, it shall report to the House and Senate health and welfare committees, within one hundred days of the parish request, the status of the efforts and the reason for the failure to meet the deadline. Notwithstanding any law to the contrary, ~~by September 1, 2020, or as soon thereafter~~ as such a cooperative endeavor agreement is effective or, upon failure to agree on such a cooperative endeavor agreement, within one hundred fifty days of the parish notice unless the department's status report is accepted by an affirmative vote of both the House and Senate health and welfare committees, the department shall file a Medicaid state plan amendment with the Centers for Medicare and

1 Medicaid Services, referred to hereafter in this Section as "CMS", amending the
2 Medicaid state plan provisions governing hospital reimbursement to provide that a
3 rural institutional provider, as defined in R.S. 40:1248.1, shall be reimbursed at a rate
4 which equals or approximates the lesser of the rural institutional provider's average
5 commercial rate as determined by the state's Medicaid actuary or one hundred ten
6 percent, or, if a reduction is required by CMS, the maximum amount acceptable to
7 CMS, but in no case less than one hundred percent, of the appropriate reasonable
8 cost of providing hospital inpatient and outpatient services, including but not limited
9 to services provided in a rural health clinic licensed as part of a rural hospital. The
10 new rural hospital payment methodology shall utilize prospective rates
11 approximating costs ~~the reimbursement provided in this Section~~ at the time of
12 service for inpatient acute care and psychiatric services. To ensure that rural hospital
13 outpatient services, including those reimbursed on a cost basis and those reimbursed
14 on a fee schedule, are reimbursed in the aggregate at ~~one hundred ten percent of the~~
15 reasonable costs or such lesser amounts as approved by CMS, but in no case less
16 than one hundred percent of their reasonable costs as provided in this Section,
17 the department shall pay an interim rate for ~~cost-based~~ outpatient services at ~~one~~
18 hundred ten percent of reasonable cost approximating the reimbursement provided
19 in this Section during the year and for ~~fee-based services paid on a claim-by-claim~~
20 basis, and the department shall make quarterly estimates of Medicaid base rate
21 payments required to bring reimbursement to the hospital for such services up to ~~one~~
22 hundred percent of reasonable costs the reimbursement provided in this Section and
23 immediately remit such payments to the hospital, and at final settlement pay such
24 amounts as are necessary to ensure that all outpatient services in the aggregate, ~~both~~
25 ~~cost-based and fee schedule,~~ are paid at ~~one hundred ten percent of reasonable costs~~
26 the reimbursement provided in this section.

27 * * *

CODING: Words in struck through type are deletions from existing law; words underscored are additions.