

2015 Regular Session

HOUSE BILL NO. 845 (Substitute for House Bill No. 652 by Representative Hunter)

BY REPRESENTATIVE HUNTER

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

HOSPITALS: Requires the Dept. of Health and Hospitals to implement a methodology for reimbursing uncompensated care costs incurred by hospitals in certain areas

1 AN ACT

2 To enact R.S. 36:254(D)(4) and Part XIV of Chapter 3 of Title 46 of the Louisiana Revised
3 Statutes of 1950, to be comprised of R.S. 46:460.101 through 460.104, relative to
4 duties of the secretary of the Department of Health and Hospitals in the operation of
5 the Medicaid program; to provide for a system of Medicaid reimbursement for
6 certain hospitals; to require a methodology for reimbursing uncompensated care
7 costs; to provide relative to state hospitals operated by private entities; to provide for
8 construction; and to provide for related matters.

9 Be it enacted by the Legislature of Louisiana:

10 Section 1. R.S. 36:254(D)(4) is hereby enacted to read as follows:

11 §254. Powers and duties of the secretary of the Department of Health and Hospitals

12 * * *

13 D.

14 * * *

15 (4) In addition to all other functions, powers, and duties relative to or
16 concerning the Medical Assistance Program otherwise vested in him by law, the
17 secretary shall implement and maintain the system of Medical Assistance Program
18 reimbursement provided for in the Medicaid-Funded Partnerships for Operation of
19 State Hospitals Law, R.S. 46:460.101 et seq.

20 * * *

1 Section 2. Part XIV of Chapter 3 of Title 46 of the Louisiana Revised Statutes of
2 1950, comprised of R.S. 46:460.101 through 460.104, is hereby enacted to read as follows:

3 PART XIV. MEDICAID-FUNDED PARTNERSHIPS

4 FOR OPERATION OF STATE HOSPITALS

5 §460.101. Short title

6 This Part shall be known and may be cited as the "Medicaid-Funded
7 Partnerships for Operation of State Hospitals Law".

8 §460.102. Findings; purpose

9 A. The legislature hereby finds that beginning in 2012, legislative
10 involvement in and oversight of development of cooperative endeavor agreements
11 to privatize the state hospital system were entirely precluded by the parties that
12 developed the agreements; and that critical matters of public finance and public
13 health policy set forth in these agreements, all of which are financed with Medicaid
14 funding, were determined without any transparency to the public. Therefore, the
15 legislature declares that legislative direction in the Medicaid program with respect
16 to the system of Medicaid reimbursement to hospitals serves the best interests of the
17 public in state fiscal matters, access to health care, and overall public health and
18 well-being.

19 B. The purpose of this Part is to implement an equitable system of Medicaid
20 reimbursement to certain privately operated state hospitals and to certain private
21 hospitals, respectively, that is designed to protect the viability of hospitals that are
22 not reimbursed according to the terms of a cooperative endeavor agreement with the
23 state for operation of a state hospital.

24 §460.103. Definitions

25 As used in this Part, the following terms have the meaning ascribed to them
26 in this Section:

27 (1) "Centers for Medicare and Medicaid Services" means the division of the
28 United States Department of Health and Human Services which administers and
29 regulates the Medicaid program.

1 (2)(a) "CEA hospital" means a state-owned hospital designated in R.S.
2 17:1519.2 at which indigent inpatient acute care services are provided by a private
3 partner according to the terms of a cooperative endeavor agreement between the
4 private partner and the state.

5 (b) "Non-CEA hospital" means a nonrural acute care hospital at which
6 indigent inpatient acute care services are not provided according to the terms of a
7 cooperative endeavor agreement between a private partner and the state.

8 (3) "Department" means the Department of Health and Hospitals.

9 (4) "Medicaid" means the medical assistance program provided for in Title
10 XIX of the Social Security Act.

11 (5) "Secretary" means the secretary of the Department of Health and
12 Hospitals.

13 §460.104. System of hospital reimbursement; methodology for reimbursing
14 uncompensated care costs

15 A. Prior to August first of each year, the department shall annually develop
16 and implement a methodology for reimbursing uncompensated care costs for
17 inpatient services provided in nonrural acute care hospitals in any parish with a
18 population of more than one hundred fifty thousand and less than one hundred
19 seventy-five thousand according to the latest federal decennial census. The House
20 and Senate committees on health and welfare shall review and approve any
21 methodology required by this Section prior to its implementation.

22 B. The department shall calculate the increase in total uncompensated care
23 costs of each non-CEA hospital located in a parish designated in Subsection A of this
24 Section over the uncompensated care costs of the same hospital in 2012. Subject to
25 approval by the Centers for Medicare and Medicaid Services, the department shall
26 use this calculation to develop and implement a methodology for reimbursing each
27 non-CEA hospital the amount of the increase in uncompensated care costs it incurs
28 over the 2012 level. Reimbursements to the CEA hospital shall be considered a

1 payment to the CEA hospital, and therefore shall reduce the amount payable directly
2 or indirectly to a non-CEA hospital.

3 C. Nothing in this Part shall be construed to authorize a reduction to the
4 overall level of Medicaid funding provided in any state fiscal year by the department
5 to a CEA hospital.

6 Section 3. This Act shall become effective upon signature by the governor or, if not
7 signed by the governor, upon expiration of the time for bills to become law without signature
8 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
9 vetoed by the governor and subsequently approved by the legislature, this Act shall become
10 effective on the day following such approval.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 845 Original

2015 Regular Session

Hunter

Abstract: Requires the Dept. of Health and Hospitals to implement a methodology for reimbursing uncompensated care costs incurred by hospitals in a parish with a population between 150,000 and 175,000.

Present law provides for duties of the secretary of the Dept. of Health and Hospitals (DHH) with respect to operation of the state's Medicaid program.

Proposed law retains present law and adds thereto a duty that the secretary of DHH implement and maintain an equitable system of Medicaid reimbursement provided for in proposed law to be known as the Medicaid-Funded Partnerships for Operation of State Hospitals Law.

Proposed law declares that legislative direction in the Medicaid program with respect to the system of Medicaid reimbursement to hospitals serves the best interests of the public in state fiscal matters, access to health care, and overall public health and well-being. Provides that the purpose of proposed law is to implement an equitable system of Medicaid reimbursement to certain privately operated state hospitals and to certain private hospitals, respectively, that is designed to protect the viability of hospitals that are not reimbursed according to the terms of a cooperative endeavor agreement with the state for operation of a state hospital.

Proposed law provides that for purposes of proposed law, the following definitions apply:

- (1) "CEA hospital" means a state-owned hospital designated in present law at which indigent inpatient acute care services are provided by a private partner according to the terms of a cooperative endeavor agreement between the private partner and the state.

- (2) "Non-CEA hospital" means a nonrural acute care hospital at which indigent inpatient acute care services are not provided according to the terms of a cooperative endeavor agreement between a private partner and the state.

Proposed law requires DHH, on an annual basis, to develop and implement a methodology for reimbursing uncompensated care costs for inpatient services provided in nonrural acute care hospitals in any parish with a population of between 150,000 and 175,000. Provides that the legislative committees on health and welfare shall review and approve any methodology required by proposed law prior to implementation of the methodology.

Proposed law requires DHH to calculate the increase in total uncompensated care costs of each non-CEA hospital located in a parish designated in proposed law over the uncompensated care costs of the same hospital in 2012. Provides that, subject to approval by the Centers for Medicare and Medicaid Services, DHH shall use this calculation to develop and implement a methodology for reimbursing each non-CEA hospital the amount of the increase in uncompensated care costs it incurs over the 2012 level. Provides further that reimbursements to the CEA hospital shall be considered a payment to the CEA hospital, and shall reduce the amount payable directly or indirectly to a non-CEA hospital.

Proposed law stipulates that nothing therein shall be construed to authorize a reduction to the overall level of Medicaid funding provided in any state fiscal year by DHH to a CEA hospital.

Effective upon signature of governor or lapse of time for gubernatorial action.

(Adds R.S. 36:254(D)(4) and R.S. 46:460.101-460.104)