## SLS 20RS-345

## ORIGINAL

2020 Regular Session

SENATE BILL NO. 170

BY SENATOR FRED MILLS

HEALTH CARE. Provides relative to health care emergency visit alternative treatment reimbursement. (8/1/20)

1	AN ACT
2	To enact Subpart E of Part 1 of Chapter 5-E of Title 40 of the Louisiana Revised Statutes of
3	1950, to be comprised of R.S. 40:1248, relative to healthcare emergency visit
4	alternative treatment reimbursement; to provide for participation eligibility; to
5	provide for graduated benchmarks and enhanced reimbursement rate percentages;
6	to provide for funding; to provide for exclusions; to provide for rulemaking; and to
7	provide for related matters.
8	Be it enacted by the Legislature of Louisiana:
9	Section 1. Subpart E of Part 1 of Chapter 5-E of Title 40 of the Louisiana Revised
10	Statutes of 1950, comprised of R.S. 40:1248, is hereby enacted to read as follows:
11	SUBPART E. EMERGENCY VISIT ALTERNATIVE
12	TREATMENT REIMBURSEMENT
13	<u>§1248. Emergency visit alternative treatment reimbursement; eligibility;</u>
14	<u>benchmarks; rates</u>
15	A. The Louisiana Department of Health shall implement a hospital
16	emergency visit alternative treatment reimbursement methodology that
17	provides enhanced Medicaid reimbursement to hospitals that transition

Page 1 of 3 Coding: Words which are struck through are deletions from existing law; words in **boldface type and underscored** are additions.

1	nonemergent Medicaid recipient visits from the hospital emergency department
2	to the hospital primary care clinic. In order for a hospital to be eligible for the
3	enhanced reimbursement provided for in this Section, the hospital shall:
4	(1) Operate a hospital primary care clinic that predominantly treats
5	Medicaid recipients and has a triage system in place to appropriately transition
6	nonemergent recipients from the hospital emergency department to the hospital
7	primary care clinic.
8	(2) Provide attestation annually of the volume of nonemergent Medicaid
9	recipients that were transitioned from the hospital emergency department to the
10	hospital primary care clinic.
11	<b>B. A hospital that complies with the provisions set forth in Subsection A</b>
12	of this Section shall receive an enhanced Medicaid reimbursement rate for the
13	professional services provided by the hospital primary care clinic in accordance
14	with the following graduated schedule:
15	(1) A hospital that successfully demonstrates at least a twenty percent
16	transition in nonemergent Medicaid recipient volume from the hospital
17	emergency department to the hospital primary care clinic within the first year
18	of participation shall receive an enhanced professional service Medicaid
19	reimbursement rate of thirty percent.
20	(2) A hospital that successfully demonstrates at least a forty percent
21	transition in nonemergent Medicaid recipient volume from the hospital
22	emergency department to the hospital primary care clinic within the first two
23	years of participation shall receive an enhanced professional service
24	compounded Medicaid reimbursement rate of thirty percent.
25	(3) A hospital that successfully demonstrates at least a fifty percent
26	transition in nonemergent Medicaid recipient volume from the hospital
27	emergency department to the hospital primary care clinic within the first three
28	years of participation shall receive an enhanced professional service
29	compounded Medicaid reimbursement rate of thirty percent.

1	<b>C. Funding for the provisions of Subsection B of this Section shall in part</b>
2	come from a reduction in hospital emergency department expenditures for
3	hospitals that treat nonemergent Medicaid recipient cases in the hospital
4	primary care clinic.
5	<b>D.</b> Any hospital that advertises wait times or allows for advance
6	appointment scheduling for the hospital emergency department shall not be
7	eligible for enhanced professional service Medicaid reimbursement as provided
8	for in this Section.
9	<b>E.</b> The department shall promulgate rules and regulations, in accordance
10	with the Administrative Procedure Act, to implement the provisions of this
11	Section.

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

	DIGEST	
SB 170 Original	2020 Regular Session	Fred Mills

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

<u>Proposed law</u> provides for a graduated benchmark over the course of three years where a hospital could earn enhanced Medicaid 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 primary care clinic are not eligible for the enhanced Medicaid reimbursement rate.

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

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

Effective August 1, 2020.

(Adds R.S. 40:1248)