

2018 Regular Session

SENATE BILL NO. 146

BY SENATOR MILLS

HEALTH CARE. Provides relative to health care emergency visit alternative treatment reimbursement. (8/1/18)

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AN ACT

To enact Subpart E of Part 1 of Chapter 5-E of Title 40 of the Louisiana Revised Statutes of 1950, to be comprised of R.S. 40:1248, relative to health care emergency visit alternative treatment reimbursement; to provide for participation eligibility; to provide for graduated benchmarks and enhanced reimbursement rate percentages; to provide for funding; to provide for exclusions; to provide for rulemaking; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. Subpart E of Part 1 of Chapter 5-E of Title 40 of the Louisiana Revised Statutes of 1950, comprised of R.S. 40:1248, is hereby enacted to read as follows:

SUBPART E. EMERGENCY VISIT ALTERNATIVE

TREATMENT REIMBURSEMENT

§1248. Emergency visit alternative treatment reimbursement; eligibility; benchmarks; rates

A. The Louisiana Department of Health shall implement an emergency visit alternative treatment reimbursement methodology for all Medicaid nonemergent visits that shall provide enhanced Medicaid reimbursement to

1 hospitals that:

2 (1) Operate an urgent care clinic that predominantly treats Medicaid
3 recipients and has a triage system in place to appropriately transition
4 nonemergent care from the emergency department to the urgent care clinic.

5 (2) Provide attestation annually of transitions of Medicaid nonemergent
6 care from emergency department volume to the hospital urgent care clinic.

7 B. Any hospital that complies with the provisions set forth in Subsection
8 A of this Section shall receive an enhanced reimbursement rate for the urgent
9 care clinic visit in accordance with the following graduated schedule:

10 (1) A hospital that successfully demonstrates at least a twenty percent
11 transition in Medicaid nonemergent volume from the emergency department
12 to the hospital urgent care clinic within the first year of participation shall
13 receive an enhanced urgent care clinic reimbursement rate of thirty percent.

14 (2) A hospital that successfully demonstrates at least a forty percent
15 transition in Medicaid nonemergent volume from the emergency department
16 to the hospital urgent care clinic within the first two years of participation shall
17 receive an enhanced urgent care clinic compounded reimbursement rate of
18 thirty percent.

19 (3) A hospital that successfully demonstrates at least a fifty percent
20 transition in Medicaid nonemergent volume from the emergency department
21 to the hospital urgent care clinic within the first three years of participation
22 shall receive an enhanced urgent care clinic compounded reimbursement rate
23 of thirty percent.

24 C. Funding for the provisions of Subsection B of this Section shall in part
25 come from a reduction in emergency department expenditures for hospitals that
26 treat nonemergent Medicaid recipient cases in the urgent care clinic.

27 D. Any hospital that advertises wait times or allows for advance
28 appointment scheduling for the hospital emergency department shall not be
29 eligible for enhanced urgent care clinic reimbursement as provided for in this

1 **Section.**

2 **E. The department shall promulgate rules and regulations, in accordance**

3 **with the Administrative Procedure Act, to implement the provisions of this**

4 **Section.**

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

	DIGEST	
SB 146 Original	2018 Regular Session	Mills

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

Proposed law provides for a graduated benchmark over the course of three years where a hospital could earn enhanced reimbursement in the amount of 30% for each year of achieving the benchmark reductions in volume.

Proposed law 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 clinic are not eligible for the enhanced reimbursement rate.

Proposed law 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)