



LEGISLATIVE FISCAL OFFICE
Fiscal Note

Fiscal Note On: **HB 835** HLS 20RS 1302
 Bill Text Version: **REENGROSSED**
 Opp. Chamb. Action: **w/ SEN COMM AMD**
 Proposed Amd.:
 Sub. Bill For.:

Date: May 22, 2020	7:00 AM	Author: MCMAHEN
Dept./Agy.: LDH/Medicaid		Analyst: Shawn Hotstream
Subject: hospital assessment		

MEDICAID RE1 INCREASE LF RV See Note Page 1 of 1

Authorizes local hospital assessments in certain parishes to fund the nonfederal share of Medicaid costs of health care provided in those parishes

Proposed law provides for a local hospital assessment on certain hospitals in select parishes. Proposed law creates a local healthcare provider participation program for a parish to deposit in a local fund revenues generated from the assessment. Proposed law provides for the purpose of the assessment revenues, including that monies in the provider participation fund may be used by a parish to fund intergovernmental transfers (IGT's) from the parish to the state (Louisiana Department of Health) to use as a match source (state share) to increase rates to certain hospitals.

EXPENDITURES	2020-21	2021-22	2022-23	2023-24	2024-25	5 -YEAR TOTAL
State Gen. Fd.	\$0	\$0	\$0	\$0	\$0	\$0
Agy. Self-Gen.	\$5,240,916	\$5,345,735	\$5,452,649	\$5,561,702	\$5,672,936	\$27,273,938
Ded./Other	\$0	\$0	\$0	\$0	\$0	\$0
Federal Funds	\$10,776,555	\$10,992,085	\$11,211,927	\$11,436,166	\$11,664,889	\$56,081,622
Local Funds	\$0	\$0	\$0	\$0	\$0	\$0
Annual Total	\$16,017,471	\$16,337,820	\$16,664,576	\$16,997,868	\$17,337,825	\$83,355,560

REVENUES	2020-21	2021-22	2022-23	2023-24	2024-25	5 -YEAR TOTAL
State Gen. Fd.	\$0	\$0	\$0	\$0	\$0	\$0
Agy. Self-Gen.	\$0	\$0	\$0	\$0	\$0	\$0
Ded./Other	\$0	\$0	\$0	\$0	\$0	\$0
Federal Funds	\$0	\$0	\$0	\$0	\$0	\$0
Local Funds	INCREASE	INCREASE	INCREASE	INCREASE	INCREASE	
Annual Total						

EXPENDITURE EXPLANATION

Medicaid payments to certain hospitals are anticipated to increase as a result of this measure. The bill authorizes the use of new local taxes for Intergovernmental Transfer (IGT) financing to provide rate increases to certain rural institutional hospital providers and rural health clinics affiliated with such hospitals. Specific hospitals will be reimbursed at a rate up to 110% of their costs of providing hospital inpatient and outpatient services, including but not limited to services provided in a rural health clinic licensed as part of a rural hospital. Information provided by LDH indicates 1 hospital currently qualifies for enhanced payments based on the bed count requirement under this measure. However, LDH anticipates 4 hospitals (Savoy, Mercy, Iberia Medical Center, and Iberia Rehab) and 2 hospital affiliated rural health clinics could meet the bed requirements if downsized. To the extent such hospitals meet the bed requirements, these providers would receive approximately \$16 M in Medicaid reimbursement in FY 21, and approximately \$17 M annually in future years. This projection is based on the assumptions and calculations reflected below.

- 1) Utilized "Filed Cost Reports" from 2018 for affected hospitals and rural health clinics (reflects cost of providing services)
- 2) Inflated costs reflected on the cost reports by 10% for both inpatient and outpatient costs
- 3) Net actual payments to the providers for designated time period against inflated (110%) provider costs
Actual payments include claims reimbursement, fee schedule reimbursement, and cost settlements for time period
- 4) 2% inflation factor added annually

4 hospitals and assoc. rural health clinics

Actual payments	\$23,259,997
Estimated cost @ 110%	\$39,277,468
FY 21 projected additional payments	\$16,017,471

Note: The legislation requires the tax revenues generated to be sufficient to finance the state effort (match provided through IGT's) to draw the federal matching funds to provide the enhanced rate. In addition, to the extent additional hospitals or affiliated rural health clinics meet the qualifications under this measure, Medicaid expenditures will increase.

REVENUE EXPLANATION

This measure authorizes local taxation in certain parishes for the purpose of providing a state match source for the Medicaid program to use to increase Medicaid payments to certain hospitals. The rate or amount of the hospital assessment is not specified in the bill, and is set by the parish that collects the actual assessment, subject to a maximum payment amount annually (tax can not exceed 6% of the aggregate net patient revenue of all paying hospitals in the respective parish). Note: In addition, it is not clear if this tax measure meets the "uniform and broad based" healthcare related tax requirements under federal code (42 CFR 433.68).

Senate	<u>Dual Referral Rules</u>	House
<input checked="" type="checkbox"/> 13.5.1 >= \$100,000 Annual Fiscal Cost {S & H}		<input type="checkbox"/> 6.8(F)(1) >= \$100,000 SGF Fiscal Cost {H & S}
<input checked="" type="checkbox"/> 13.5.2 >= \$500,000 Annual Tax or Fee Change {S & H}		<input type="checkbox"/> 6.8(G) >= \$500,000 Tax or Fee Increase or a Net Fee Decrease {S}

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