

---

**HOUSE COMMITTEE AMENDMENTS**

2021 Regular Session

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

---

1 AMENDMENT NO. 1

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

4 AMENDMENT NO. 2

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

7 AMENDMENT NO. 3

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

9 AMENDMENT NO. 4

10 On page 1, at the beginning of line 14, change "1248.8(D)" to "1248.8(C) and (D), and  
11 1248.11(A)"

12 AMENDMENT NO. 5

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

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

23 AMENDMENT NO. 6

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

25       "§1248.11. Rural institutional providers; enhanced reimbursement  
26           A. Upon request from a parish in which a rural institutional provider is  
27 located, the department shall attempt in good faith to execute a cooperative endeavor  
28 agreement for the use of local provider participation fund proceeds. The parish  
29 request shall be in writing and a copy shall be provided to the House and Senate  
30 health and welfare committees. If the department fails to execute a cooperative  
31 endeavor agreement within ninety days of receipt of the parish request, it shall report  
32 to the House and Senate health and welfare committees, within one hundred days of  
33 the parish request, the status of the efforts and the reason for the failure to meet the  
34 deadline. Notwithstanding any law to the contrary, by September 1, 2020, or as soon  
35 thereafter as such a cooperative endeavor agreement is effective or, upon failure to  
36 agree on such a cooperative endeavor agreement, within one hundred fifty days of  
37 the parish notice unless the department's status report is accepted by an affirmative  
38 vote of both the House and Senate health and welfare committees, the department  
39 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

\* \* \*