

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 patient clinic visits that shall provide enhanced Medicaid reimbursement to hospitals

1 that:

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

6 (2) Provide attestation annually of transitions of Medicaid patient care
7 from emergency department volume to the hospital urgent care or primary care
8 clinic.

9 B. Any hospital that complies with the provisions set forth in Subsection
10 A of this Section shall receive an enhanced reimbursement rate for the
11 professional services provided by the hospital urgent care or primary care clinic
12 in accordance with the following graduated schedule:

13 (1) A hospital that successfully demonstrates at least a twenty percent
14 transition in Medicaid patient volume from the emergency department to the
15 hospital urgent care or primary care clinic within the first year of participation
16 shall receive an enhanced professional service reimbursement rate of thirty
17 percent.

18 (2) A hospital that successfully demonstrates at least a forty percent
19 transition in Medicaid patient volume from the emergency department to the
20 hospital urgent care or primary care clinic within the first two years of
21 participation shall receive an enhanced professional service compounded
22 reimbursement rate of thirty percent.

23 (3) A hospital that successfully demonstrates at least a fifty percent
24 transition in Medicaid patient volume from the emergency department to the
25 hospital urgent care or primary care clinic within the first three years of
26 participation shall receive an enhanced professional service compounded
27 reimbursement rate of thirty percent.

28 C. Funding for the provisions of Subsection B of this Section shall in part
29 come from a reduction in emergency department expenditures for hospitals that

1 **treat Medicaid patient cases in the urgent care or primary care clinic.**

2 **D. Any hospital that advertises wait times or allows for advance**
 3 **appointment scheduling for the hospital emergency department shall not be**
 4 **eligible for enhanced professional service reimbursement as provided for in this**
 5 **Section.**

6 **E. The department shall promulgate rules and regulations, in accordance**
 7 **with the Administrative Procedure Act, to implement the provisions of this**
 8 **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 Engrossed

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 or primary 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 or primary 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 professional services provided by the hospital 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 or primary 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)

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Health and Welfare to the original bill

1. Includes primary care clinic as a recognized option, along with urgent care clinic, to transition a Medicaid patient to when appropriate.

2. Clarifies that the enhanced reimbursement is for professional services provided by the hospital.
3. Deletes the word nonemergent.