DECLARATION OF EMERGENCY

Department of Health Bureau of Health Services Financing

Inpatient Hospital Services Graduate Medical Education Supplemental Payments Pool Elimination (LAC 50:V.1331)

The Department of Health, Bureau of Health Services

Financing amends LAC 50:V.1331 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953 (B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for inpatient hospital services to adopt provisions in order to continue medical education payments to state hospitals, children's specialty hospitals and acute care hospitals classified as teaching hospitals when the hospitals are reimbursed by prepaid risk-bearing MCOs for inpatient hospital services (Louisiana Register, Volume 38, Number 11).

As a result of a budgetary shortfall in SFY 2017, the Department of Health, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions

governing inpatient hospital services to eliminate the total supplemental payments pool for graduate medical education payments to qualifying acute care hospitals (Louisiana Register, Volume 43, Number 3). The department subsequently amended the provisions of the March 1, 2017 Emergency Rule in order to clarify these provisions and to correct a technical error (Louisiana Register, Volume 43, Number 3). The department has now determined that it is necessary to amend the provisions of the March 2, 2017 Emergency Rule in order to make technical revisions to ensure that these provisions are appropriately formatted in a clear and concise manner in the Louisiana Administrative Code. This action is being taken to avoid a budget deficit in the Medical Assistance Program.

Effective June 20, 2017, the Department of Health, Bureau of Health Services Financing amends the provisions of the March 2, 2017 Emergency Rule governing the reimbursement methodology for inpatient hospital services.

Title 50

PUBLIC HEALTH-MEDICAL ASSISTANCE

Part V. Hospital Services

Subpart 1. Inpatient Hospital Services

Chapter 13. Teaching Hospitals

Subchapter B. Reimbursement Methodology

§1331. Acute Care Hospitals

A. Effective for dates of services on or after October 1, 2007, a quarterly supplemental payment will be issued to non-

rural, non-state acute care hospitals that furnish additional graduate medical education (GME) services Effective for dates of service on or after February 1, 2012, medical education payments for inpatient services which are reimbursed by a prepaid risk-bearing managed care organization (MCO) shall be paid monthly by Medicaid as interim lump sum payments.

- 1. Hospitals with qualifying medical education programs shall submit a listing of inpatient claims paid each month by each MCO.
- a. Qualifying medical education programs are defined as graduate medical education, paramedical education, and nursing schools.
- 2. Qualifying hospitals must have a direct medical education add-on component included in their prospective

 Medicaid per diem rates as of January 31, 2012 which was carved-out of the per diem rate reported to the MCOs.
- multiplying the number of qualifying inpatient days submitted by the medical education costs component included in each hospital's fee-for-service prospective per diem rate. Monthly payment amounts shall be verified by the department semi-annually using reports of MCO covered days generated from encounter data. Payment adjustments or recoupments shall be made as necessary based on the MCO encounter data reported to the department.

- B. Qualifying Criteria. In order to qualify for the supplemental payment, an acute care hospital must meet the following criteria. The hospital must:
 - 1. be a non-rural, non-state hospital;
- 2. have a documented affiliation agreement with a Louisiana medical school accredited by the Liaison Committee on Medical Education (LCME);
- 3. have greater than five additional intern and resident full time equivalencies (FTEs) in SFY 2007 and the first six months of 2008 as compared to the pre-Hurricane Katrina period of SFY 2005;
- a. these additional intern and residency FTEs

 must directly result from the graduate medical education (GME)

 programs that were formerly taught at the Medical Center of

 Louisiana at New Orleans (MCLNO) and the suspension of training

 at MCLNO due to the impact of Hurricane Katrina; and
- 4. reimburse the medical school for the direct GME costs. Direct GME costs are defined as the costs of the residents' salaries and the faculty and administrative costs from the medical school.
- C. Each qualifying hospital shall be paid their pro rata share of the \$5,000,000 supplemental GME payment pool based on their weighted Medicaid days. Paid Medicaid days (including newborn days included with the mother's stay) for dates of service in SFY 2007 shall be weighted using the following

factor(s) as applicable: 1. 1.0-if the qualifying hospital has average additional resident FTEs of greater than 5, but less than or equal to 10; or 2. 1.5-if the qualifying hospital has average additional resident FTEs of equal to or greater than 10, but less than or equal to 20; or 3. 2.0-if the qualifying hospital has an average additional resident FTEs of equal to or greater than 20; and - 4. 1.5-if the qualifying hospital's cost is at least 20 percent more than the current Medicaid per diem rate. D. Payment of one-third of \$5,000,000 will be made at the beginning of each calendar quarter in SFY 2007 beginning with October 2007. E. Rehabilitation hospitals, long term acute care hospitals and free-standing psychiatric hospitals are not eligible for this supplemental payment. Effective for dates of service on or after February 1, 2012, medical education payments for inpatient services which are reimbursed by a prepaid risk-bearing managed care organization (MCO) shall be paid monthly by Medicaid as interim lump sum payments. Hospitals with qualifying medical education programs shall submit a listing of inpatient claims paid each month by each MCO.

- a. Qualifying medical education programs are defined as graduate medical education, paramedical education, and nursing schools.
- 2. Qualifying hospitals must have a direct medical education add-on component included in their prospective

 Medicaid per diem rates as of January 31, 2012 which was carved-out of the per diem rate reported to the MCOs.
- 3. Monthly payments shall be calculated by multiplying the number of qualifying inpatient days submitted by the medical education costs component included in each hospital's fee-for-service prospective per diem rate. Monthly payment amounts shall be verified by the department seminannually using reports of MCO covered days generated from encounter data. Payment adjustments or recoupments shall be made as necessary based on the MCO encounter data reported to the department. B. F.3. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:877 (May 2008), amended LR 38:2773 (November 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 43:

Interested persons may submit written comments to Jen Steele, Bureau of Health Services Financing, P.O. Box 91030,

Baton Rouge, LA 70821-9030 or by email to

MedicaidPolicy@la.gov. Ms. Steele is responsible for responding
to inquiries regarding this Emergency Rule. A copy of this

Emergency Rule is available for review by interested parties at
parish Medicaid offices.

Rebekah E. Gee MD, MPH
Secretary