DECLARATION OF EMERGENCY
Department of Health
Bureau of Health Services Financing

Inpatient Hospital Services—Urban Metropolitan Statistical Area Facility (LAC 50:V.Chapter 19)

The Department of Health, Bureau of Health Services Financing adopts LAC 50:V.Chapter 19 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. 49:953.1, 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, Bureau of Health Services Financing adopts provisions to establish the criteria for an acute care hospital to qualify as an urban metropolitan statistical area (MSA) facility and the reimbursement methodology for the provision of inpatient services.

This action is being taken to promote the health and welfare of Medicaid recipients by ensuring continued provider participation in the Medicaid Program. It is estimated that implementation of this Emergency Rule will increase programmatic costs in the Medicaid Program by approximately $3,193,871 for state fiscal year 2022-2023.

Effective July 1, 2022, the Department of Health, Bureau of Health Services Financing adopts provisions governing inpatient hospital services provided by urban MSA facilities.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 1. Inpatient Hospital Services
Chapter 19. Urban Metropolitan Statistical Area (MSA) Facility

§1901. Qualifying Criteria
A. In order to qualify as an urban metropolitan statistical area (MSA) facility, the hospital:
   1. has a facility type code of acute and opened subsequent to the March 12, 2020 presidential declaration of a national emergency due to COVID-19 to provide availability of additional beds and services for COVID-19 patients;
   2. must have been licensed and certified no later than June 30, 2020, and located in zip code 70806, east of I-110, north of I-10, and south of Business Highway 190;
   3. is located in an urban metropolitan statistical area (MSA) as defined by the United States Office of Management and Budget;
   4. has an operational emergency room and is located greater than five miles in distance from the closest hospital emergency room; and
   5. is located on a single site.
   a. The addition of any off site campus location to the license of this hospital will invalidate the provisions of this reimbursement methodology.
   
   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, Bureau of Health Services Financing LR 48:

§1903. Reimbursement Methodology
A. Effective July 1, 2022, the inpatient hospital per diem rate paid to an urban MSA facility for acute care services shall be increased by indexing annually to 95 percent of the small rural hospital acute per diem rate in effect.

B. Effective July 1, 2022, the inpatient hospital per diem rate paid to an urban MSA facility for psychiatric services shall be increased by indexing annually to 95 percent of the small rural hospital psychiatric per diem rate in effect.

C. These rates are conditional on the hospital continuing to meet all qualifying criteria included in §1901. If the hospital no longer qualifies, payments will revert back to appropriate non-rural, non-state hospital assigned rates effective on the date that the qualification(s) in §1901 are no longer met.

D. The department may review all above provisions every three years, at a minimum, to evaluate continuation of these enhanced reimbursements.

   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, Bureau of Health Services Financing LR 48:

   Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

   Interested persons may submit written comments to Tara A. LeBlanc, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Ms. LeBlanc 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.

Dr. Courtney N. Phillips
Secretary

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