



**GENERAL APPROPRIATIONS BILL**

SB2500

<u>Committee</u>	<u>Amendment</u>
<b>AHS</b>	<b>29</b>

Senator(s) **Flores** moved the following amendment:

<b>Section:</b> 20	<b><u>EXPLANATION:</u></b>  Amends language in Section 20 to add an effective date, and clarify that managed care payments to hospitals, which are based on Enhanced Ambulatory Patient Groupings, shall be recalculated.
<b>On Page:</b> 408	
<b>Spec App:</b>	

<u>NET IMPACT ON:</u>	<u>Total Funds</u>	<u>General Revenue</u>	<u>Trust Funds</u>
Recurring -	0	0	0
Non-Recurring -	0	0	0

Positions & Amount	Positions & Amount
<b>DELETE</b>	<b>INSERT</b>

**AGENCY FOR HEALTH CARE ADMINISTRATION**      68000000

**In Section 20    On Page 408**

**In Section 20, on Page 408, DELETE the following:**

Within 15 days of this section becoming a law, the Agency for Health Care Administration shall calculate a hospital outpatient statewide and individual hospital outpatient rates using actual hospital outpatient claims with first date of service on or after July 1, 2017 for which payment was determined using the Enhanced Ambulatory Patient Grouping payment method. The re-calculated rates, in the aggregate, shall be equivalent to the average unit cost paid for hospital outpatient claims in State Fiscal Year 2016-17.

The Agency for Health Care Administration shall post the re-calculated rates within 45 days of this section becoming a law. The re-calculated rates shall be used to make payments for the remainder of the fiscal year. These payments shall be sufficient to maintain budget neutrality in the aggregate, and must adhere to the Enhanced Ambulatory Patient Grouping 5% cap on hospital gains and losses transition period described in the State Fiscal Year 2017-18 General Appropriations Act for the entire Fiscal Year 2017-2018.

**AND INSERT:**

Within 15 days of this section becoming a law, the Agency for Health

Care Administration shall calculate a hospital outpatient statewide and individual hospital outpatient rates using actual hospital outpatient claims with first date of service on or after July 1, 2017, for which payment was determined using the Enhanced Ambulatory Patient Grouping (EAPG) payment method. The re-calculated rates, in the aggregate, shall be equivalent to the average unit cost paid for hospital outpatient claims in Fiscal Year 2016-2017.

The Agency for Health Care Administration shall post the re-calculated rates within 45 days of this section becoming a law to be effective April 1, 2018. The re-calculated rates shall be used to make payments for the remainder of Fiscal Year 2017-2018. These payments shall be sufficient to maintain budget neutrality in the aggregate, and must adhere to the Enhanced Ambulatory Patient Grouping five percent cap on hospital gains and losses transition period described in the Fiscal Year 2017-2018 General Appropriations Act for the Fiscal Year 2017-2018.

Managed care payments to hospitals which are based upon EAPG payment rates shall be based upon these recalculated rates. This section shall take effect upon becoming a law.

Line item amendments are accepted as part of the amendatory process. However, due to the necessity of using computerized systems this may entail a different placement within a budget entity or the renumbering of the specific appropriation items.