MAINE STATE LEGISLATURE

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L.D. 1778 Date: 3 1 18 (Filing No. H-622) **HEALTH AND HUMAN SERVICES** 3 Reproduced and distributed under the direction of the Clerk of the House. 4 5 STATE OF MAINE HOUSE OF REPRESENTATIVES 6 128TH LEGISLATURE 7 SECOND REGULAR SESSION 8 COMMITTEE AMENDMENT "H" to H.P. 1224, L.D. 1778, "Resolve, Regarding 9 Medicaid Reimbursement for Rehabilitation Hospitals" 10 11 Amend the resolve by striking out all of section 1 and inserting the following: 12 'Sec. 1. Medicaid reimbursement rates. Resolved: That the Department of 13 Health and Human Services shall amend the department's rule Chapter 101: MaineCare 14 Benefits Manual, Chapter III, Section 45.06 to increase the Medicaid reimbursement rate 15 provided to rehabilitation hospitals to \$15,161.43 per discharge, retroactive to July 1, 16 2017. This increase in the Medicaid reimbursement rate must be funded by reducing the 17 hospital supplemental pool as described in rule Chapter 101; MaineCare Benefits Manual, 18 Chapter III, Section 45.07 by \$400,000 and have no net cost to the General Fund, Other 19 Special Revenue Funds or the Federal Expenditures Fund. **SUMMARY** 20 21 This amendment provides the exact amount of the increased reimbursement rate for 22 rehabilitation hospitals and provides that the rate increase is retroactive to July 1, 2017. It 23 clarifies the source of existing hospital reimbursement resources to be used to fund the

FISCAL NOTE REQUIRED (See attached)

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increase.

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LR 2687(02)

Resolve, Regarding Medicaid Reimbursement for Rehabilitation Hospitals

Fiscal Note for Bill as Amended by Committee Amendment 'A' (H-622)

Committee: Health and Human Services

Fiscal Note Required: Yes

Fiscal Note

No net fiscal impact

Fiscal Detail and Notes

This resolve directs the Department of Health and Human Services (DHHS) to increase the Medicaid reimbursement rate provided to rehabilitation hospitals. This increase in the Medicaid reimbursement rate must be funded using existing hospital reimbursement resources and have no net cost to the General Fund, Other Special Revenue Funds or the Federal Expenditures Fund. To achieve cost neutrality DHHS will have to reduce funding to other in-state hospitals.