GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2023

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FILED SENATE May 1, 2024 **S.B. 786** PRINCIPAL CLERK D

SENATE BILL DRS35338-TRxf-18

Short Title:	Add Psychiatric Hospitals to Medicaid HASP.	(Public)
Sponsors:	Senators Hise and Krawiec (Primary Sponsors).	
Referred to:		

A BILL TO BE ENTITLED

2	AN ACT TO INCLUDE FREESTANDING PSYCHIATRIC HOSPITALS AS HOSPITALS
3	THAT ARE ELIGIBLE TO RECEIVE PAYMENTS UNDER THE MEDICAID
4	HEALTHCARE ACCESS AND STABILIZATION PROGRAM AND TO PROVIDE
5	FUNDING FOR THOSE PAYMENTS THROUGH INCREASED HOSPITAL
6	ASSESSMENTS.
7	The General Assembly of North Carolina enacts:
8	SECTION 1.(a) G.S. 108A-148.1(a) reads as rewritten:
9	"(a) The healthcare access and stabilization program is a directed payment program that
10	provides acute care hospitals with increased reimbursements funded through hospital
11	assessments in accordance with this section. Upon the approval of CMS, the healthcare access
12	and stabilization program directed payment program shall additionally provide freestanding
13	psychiatric hospitals with increased reimbursements funded through hospital assessments."
14	SECTION 1.(b) The Department of Health and Human Services shall submit a 42
15	C.F.R. § 438.6(c) preprint requesting approval to include freestanding psychiatric hospitals in
16	the healthcare access and stabilization program (HASP) authorized under G.S. 108A-148.1, as
17	amended by subsection (a) of this section.
18	SECTION 1.(c) This section is effective when it becomes law.
19	SECTION 2.(a) G.S. 108A-145.3 reads as rewritten:
20	"§ 108A-145.3. Definitions.
21	The following definitions apply in this Article:
22	•••
23	(6c) Freestanding psychiatric hospital. – A hospital facility that is (i) licensed
24	under Article 2 of Chapter 122C of the General Statutes, (ii) primarily engaged
25	in providing to inpatients, by or under the supervision of a physician,
26	psychiatric services for the diagnosis and treatment of individuals with mental
27	illnesses, and (iii) not State-owned and State-operated.
28	(6d) HASP directed payments. – Payments made by the Department to prepaid
29	health plans to be used for (i) increased reimbursements to hospitals under the
30	HASP program and (ii) the costs to prepaid health plans from the gross
31	premiums tax under G.S. 105-228.5 and the insurance regulatory charge under
32	G.S. 58-6-25 associated with those hospital reimbursements.
33	(6d)(6e) Healthcare access and stabilization program (HASP). – The directed
34	payment program providing increased reimbursements to acute care hospitals
35	and freestanding psychiatric hospitals as approved by CMS and authorized by
	C C 100A 1401
36	G.S. 108A-148.1.



		General Assembly Of North Carolina	Session 2023
 SECTION 2.(b) G.S. 108A-146.1 reads as rewritten: "§ 108A-146.1. Public hospital modernized assessment. (a) The public hospital modernized assessment imposed under this Part shall apply to all public acute care hospitals. (b) The public hospital modernized assessment shall be assessed as a percentage of each public acute care hospital's hospital costs. The assessment percentage shall be calculated quarterly by the Department of Health and Human Services in accordance with this Part. The percentage for each quarter shall equal the aggregate acute care hospital historical assessment collection amount under G.S. 108A-146.5 multiplied by the public hospital historical assessment share and divided by the total hospital costs for all public acute care hospital's holding a license on the first day of the assessment quarter." SECTION 2.(c) G.S. 108A-146.5 multiplied by the public hospital historical assessment imposed under this Part shall apply to all private acute care hospital's modernized assessment. (b) The private hospital modernized assessment imposed under this Part shall apply to all private acute care hospital's modernized assessment incollection amount under G.S. 108A-146.5 multiplied by the private hospital modernized assessment to collection amount under G.S. 108A-146.5 multiplied by the private hospital modernized assessment incollection amount under G.S. 108A-146.5 multiplied by the private hospital modernized assessment collection amount under G.S. 108A-146.5 multiplied by the private hospital historical assessment collection amount under G.S. 108A-146.5 multiplied by the private hospital historical assessment collection amount under G.S. 108A-146.5 multiplied by the private hospital historical assessment collection amount under G.S. 108A-146.5 multiplied by the private hospital historical assessment shall be assessed as a percentage of each quarter shall equal the aggregate acute care hospitals holding a license on the first	1		
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 ¹⁸<u>5</u>108A-146.4. Freestanding psychiatric hospital modernized assessment. (a) The freestanding psychiatric hospital modernized assessment imposed under this Part shall apply to all freestanding psychiatric hospitals. (b) The freestanding psychiatric hospital modernized assessment shall be assessed as a percentage of each freestanding psychiatric hospital's hospital costs. The assessment percentage shall be calculated quarterly by the Department of Health and Human Services in accordance with this Part. The percentage for each quarter shall equal the modernized freestanding psychiatric hospital HASP component under G.S. 108A-146.10A divided by the total hospital costs for all freestanding psychiatric hospitals holding a license on the first day of the assessment quarter." SECTION 2.(e) G.S. 108A-146.5 reads as rewritten: "§ 108A-146.5. Aggregate acute care hospital modernized assessment collection amount. (a) The aggregate modernized assessment collection amount is an amount of money that is calculated by subtracting the modernized nonfederal receipts under subsection (b) of this section and then adding the positive or negative amount of the modernized IGT actual receipts adjustment component under G.S. 108A-146.14. (b) The total modernized nonfederal receipts is the sum of all of the following: (1) One-fourth of the State's annual Medicaid payment. (2) The managed care component under G.S. 108A-146.7. (3) The fee-for-service component under G.S. 108A-146.9. (3) The fourth of the State's annual Medicaid payment. 			e General Statutes 15
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 37 "§ 108A-146.5. Aggregate <u>acute care hospital modernized assessment collection amount.</u> 38 (a) The aggregate modernized assessment collection amount is an amount of money that 39 is calculated by subtracting the modernized intergovernmental transfer adjustment component 40 under G.S. 108A-146.13 from the total modernized nonfederal receipts under subsection (b) of 41 this section and then adding the positive or negative amount of the modernized IGT actual 42 receipts adjustment component under G.S. 108A-146.14. 43 (b) The total modernized nonfederal receipts is the sum of all of the following: 44 (1) One-fourth of the State's annual Medicaid payment. 45 (2) The managed care component under G.S. 108A-146.7. 46 (3) The fee-for-service component under G.S. 108A-146.9. 47 (3a) The modernized <u>acute care hospital HASP</u> component under 	36		
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47 (3a) The modernized <u>acute care hospital HASP</u> component under	45	(2) The managed care component under G.S. 108A-146.7.	
	46	(3) The fee-for-service component under G.S. 108A-146.9.	
	47	=	
48 G.S. 108A-146.10.	48	G.S. 108A-146.10.	
49 (3b) The modernized freestanding psychiatric hospital HASP component under	49	(3b) The modernized freestanding psychiatric hospital HA	SP component under
50 <u>G.S. 108A-146.10A.</u>	50	<u>G.S. 108A-146.10A.</u>	
51 (4) The GME component under G.S. $108A-146.11$.	51	(4) The GME component under G.S. $108A-146.11$.	

	Of North Carolina	Session 2023
ι,	Beginning April 1, 2022, and ending March coverage component under G.S. 108A-146.12.	31, 2027, the postpartum
(6) I	Beginning April 1, 2024, the home and community under G.S. 108A-146.12A.	v-based services component
(c) The age	regate acute care hospital modernized assessme	nt collection amount is an
	equal to the aggregate modernized assessment	
subsection (a) of t	his section minus the modernized freestanding	psychiatric hospital HASP
component under C	G.S. 108A-146.10A."	
SECTIO	ON 2.(f) G.S. 108A-146.10 reads as rewritten:	
"§ 108A-146.10. N	Iodernized <u>acute care hospital HASP</u> compone	ent.
	d acute care hospital HASP component is an	
calculated each qua	rter by multiplying the aggregate amount of HAS	P directed payments due to
PHPs in the current	nt quarter for hospital-reimbursements to acute	care hospitals that are not
attributable to new	vly eligible individuals by the nonfederal sha	re for not newly eligible
individuals."		
SECTIO	ON 2.(g) Part 2 of Article 7B of Chapter 108A	of the General Statutes is
amended by adding	a new section to read:	
	Modernized freestanding psychiatric hospital	
The modernized	d freestanding psychiatric hospital HASP compon	ent is an amount of money
	ch quarter by multiplying the aggregate amount of	
	current quarter for reimbursements to freestandin	• • • •
	to newly eligible individuals by the nonfederal s	hare for not newly eligible
<u>individuals.</u> "		
	ON 2.(h) G.S. 108A-146.13 reads as rewritten:	
"§ 108A-146.13. N	Iodernized presumptive IGT adjustment comp	oonent.
•••		
	dernized presumptive IGT adjustment component	nt is an amount of money
1	all of the following subcomponents:	
(1)	The public hospital IGT subcomponent is the total	ũ
8	a. Sixteen and forty-three hundredths percent	
	money that is equal to the total modernized	-
	G.S. 108A-146.5(b) for the current quart	ter minus the modernized
	acute care hospital HASP component unde	
		er G.S. 108A-146.10 for the
	current quarter and minus the modernize	r G.S. 108A-146.10 for the d freestanding psychiatric
	current <u>quarter and minus the modernize</u> hospital HASP component under G.S. 108	r G.S. 108A-146.10 for the d freestanding psychiatric
	current <u>quarter and minus the modernize</u> <u>hospital HASP component under G.S. 108</u> quarter.	er G.S. 108A-146.10 for the ed freestanding psychiatric BA-146.10A for the current
ł	current <u>quarter and minus the modernize</u> <u>hospital HASP component under G.S. 108</u> quarter. b. Sixty percent (60%) of the nonfederal sh	er G.S. 108A-146.10 for the ed freestanding psychiatric BA-146.10A for the current hare for not newly eligible
ł	 current <u>quarter and minus the modernize</u> <u>hospital HASP component under G.S. 108</u> quarter. Sixty percent (60%) of the nonfederal sh individuals of the aggregate amount of HA 	er G.S. 108A-146.10 for the ed freestanding psychiatric BA-146.10A for the current hare for not newly eligible ASP directed payments due
ł	 current <u>quarter and minus the modernize</u> <u>hospital HASP component under G.S. 108</u> quarter. 5. Sixty percent (60%) of the nonfederal sh individuals of the aggregate amount of HA to PHPs in the current quarter for reimburs 	are for not newly eligible ASP directed payments due ements to public acute care
	 current <u>quarter and minus the modernize</u> <u>hospital HASP component under G.S. 108</u> quarter. Sixty percent (60%) of the nonfederal sh individuals of the aggregate amount of HA to PHPs in the current quarter for reimburs hospitals and that are not attributable to ne 	are for not newly eligible ASP directed payments due ements to public acute care wly eligible individuals.
(2)	 current <u>quarter and minus the modernize</u> <u>hospital HASP component under G.S. 108</u> quarter. Sixty percent (60%) of the nonfederal sh individuals of the aggregate amount of HA to PHPs in the current quarter for reimburs hospitals and that are not attributable to ne The UNC Health Care System IGT subcomponent 	are for not newly eligible ASP directed payments due ements to public acute care wly eligible individuals.
(2)	 current <u>quarter and minus the modernize</u> <u>hospital HASP component under G.S. 108</u> quarter. Sixty percent (60%) of the nonfederal sh individuals of the aggregate amount of HA to PHPs in the current quarter for reimburs hospitals and that are not attributable to ne The UNC Health Care System IGT subcomponent amounts: 	are for not newly eligible ASP directed payments due ements to public acute care wly eligible individuals. is the total of the following
(2)	 current <u>quarter and minus the modernize</u> <u>hospital HASP component under G.S. 108</u> quarter. Sixty percent (60%) of the nonfederal sh individuals of the aggregate amount of HA to PHPs in the current quarter for reimburs hospitals and that are not attributable to ne The UNC Health Care System IGT subcomponent amounts: a. Four and sixty-two hundredths percent (4) 	are for not newly eligible ASP directed payments due ements to public acute care wly eligible individuals. is the total of the following 62%) of the difference of
(2)	 current <u>quarter and minus the modernize</u> <u>hospital HASP component under G.S. 108</u> quarter. Sixty percent (60%) of the nonfederal sh individuals of the aggregate amount of HA to PHPs in the current quarter for reimburs hospitals and that are not attributable to ne The UNC Health Care System IGT subcomponent amounts: Four and sixty-two hundredths percent (4 <u>amount of money that is equal to the to</u> 	are for not newly eligible ASP directed payments due ements to public acute care wly eligible individuals. is the total of the following
(2)	 current <u>quarter and minus the modernize</u> <u>hospital HASP component under G.S. 108</u> quarter. Sixty percent (60%) of the nonfederal sh individuals of the aggregate amount of HA to PHPs in the current quarter for reimburs hospitals and that are not attributable to ne The UNC Health Care System IGT subcomponent amounts: a. Four and sixty-two hundredths percent (4 <u>amount of money that is equal to the to</u> receipts under G.S. 108A-146.5(b) for the 	are for not newly eligible ASP directed payments due ements to public acute care wly eligible individuals. is the total of the following c.62%) of the difference of tal modernized nonfederal e current quarter minus the
(2)	 current <u>quarter and minus the modernize</u> <u>hospital HASP component under G.S. 108</u> quarter. Sixty percent (60%) of the nonfederal shindividuals of the aggregate amount of HA to PHPs in the current quarter for reimburs hospitals and that are not attributable to ne The UNC Health Care System IGT subcomponent amounts: a. Four and sixty-two hundredths percent (4 <u>amount of money that is equal to the to</u> receipts under G.S. 108A-146.5(b) for the modernized <u>acute care hospital H</u> 	are for not newly eligible ASP directed payments due ements to public acute care wly eligible individuals. is the total of the following
(2)	 current <u>quarter and minus the modernize</u> <u>hospital HASP component under G.S. 108</u> quarter. Sixty percent (60%) of the nonfederal sh individuals of the aggregate amount of HA to PHPs in the current quarter for reimburs hospitals and that are not attributable to ne The UNC Health Care System IGT subcomponent amounts: a. Four and sixty-two hundredths percent (4 <u>amount of money that is equal to the to</u> receipts under G.S. 108A-146.5(b) for the modernized <u>acute care hospital H</u> G.S. 108A-146.10 for the current <u>quarter</u> 	are for not newly eligible ASP directed payments due ements to public acute care wly eligible individuals. is the total of the following c.62%) of the difference of tal modernized nonfederal e current quarter minus the ASP component under and minus the modernized
(2)	 current <u>quarter and minus the modernize</u> <u>hospital HASP component under G.S. 108</u> quarter. Sixty percent (60%) of the nonfederal sh individuals of the aggregate amount of HA to PHPs in the current quarter for reimburs hospitals and that are not attributable to ne The UNC Health Care System IGT subcomponent amounts: a. Four and sixty-two hundredths percent (4 <u>amount of money that is equal to the to</u> receipts under G.S. 108A-146.5(b) for the modernized <u>acute care hospital H</u> G.S. 108A-146.10 for the current <u>quarter</u> <u>freestanding psychiatric hospital H</u> 	are for not newly eligible ASP directed payments due ements to public acute care wly eligible individuals. is the total of the following
(2) 7 2 2	 current <u>quarter and minus the modernize</u> <u>hospital HASP component under G.S. 108</u> quarter. Sixty percent (60%) of the nonfederal shindividuals of the aggregate amount of HA to PHPs in the current quarter for reimburs hospitals and that are not attributable to ne The UNC Health Care System IGT subcomponent amounts: a. Four and sixty-two hundredths percent (4 <u>amount of money that is equal to the to</u> receipts under G.S. 108A-146.5(b) for the modernized <u>acute care hospital H</u> G.S. 108A-146.10 for the current <u>quarter</u> <u>freestanding psychiatric hospital H</u> 	are for not newly eligible ASP directed payments due ements to public acute care wly eligible individuals. is the total of the following
(2) 7 2 2	 current <u>quarter and minus the modernize</u> <u>hospital HASP component under G.S. 108</u> quarter. Sixty percent (60%) of the nonfederal sh individuals of the aggregate amount of HA to PHPs in the current quarter for reimburs hospitals and that are not attributable to ne The UNC Health Care System IGT subcomponent amounts: a. Four and sixty-two hundredths percent (4 <u>amount of money that is equal to the to</u> receipts under G.S. 108A-146.5(b) for the modernized <u>acute care hospital H</u> G.S. 108A-146.10 for the current <u>quarter</u> <u>freestanding psychiatric hospital H</u> 	are for not newly eligible ASP directed payments due ements to public acute care wly eligible individuals. is the total of the following

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1		current quarter for reimbursements to UN	C Health Care System
2		hospitals that are not attributable to newly elig	-
3	. ,	East Carolina University IGT subcomponent is t	he total of the following
4	amou		
5	a.	One and four hundredths percent (1.04%) of t	
6		of money that is equal to the total moderni	
7		under G.S. 108A-146.5(b) for the current	1
8		modernized <u>acute care hospital</u> HAS	1
9		G.S. 108A-146.10 for the current <u>quarter and</u>	
10		freestanding psychiatric hospital HAS	<u>P</u> component under
11 12	b.	<u>G.S. 108A-146.10A for the current quarter.</u>	bla individuals of the
12	υ.	The nonfederal share for not newly eligit aggregate amount of HASP directed payme	
13 14		current quarter for reimbursements to the pri	
15		hospital for the East Carolina University Bro	•
16		that are not attributable to newly eligible indi-	•
17	SECTION 3	3.(a) G.S. 108A-147.1 reads as rewritten:	viduuis.
18		hospital health advancement assessment.	
19		hospital health advancement assessment impos	ed under this Part shall
20	apply to all public acute	• •	
21		ospital health advancement assessment shall be	assessed as a percentage
22	of each public acute care hospital's hospital costs. The assessment percentage shall be calculated		
23	quarterly by the Department in accordance with this Part. The percentage for each quarter shall		
24	equal the aggregate ac	cute care hospital health advancement assessment	ment collection amount
25		08A-147.3 multiplied by the public hospital his	
26		hospital costs for all public acute care hospitals	holding a license on the
27	first day of the assessme	•	
28		3.(b) G.S. 108A-147.2 reads as rewritten:	
29		e hospital health advancement assessment.	ad under this Dort shall
30 31	(a) The private apply to all private acut	hospital health advancement assessment impos	ed under this Part shall
31		nospital health advancement assessment shall be	accessed as a percentage
33		re hospital's hospital costs. The assessment perce	
33 34		ment in accordance with this Part. The percenta	
35		<u>cute care hospital</u> health advancement assessi	
36		08A-147.3 multiplied by the private hospital his	
37		hospital costs for all private acute care hospitals	
38	first day of the assessme	1 1 1	C
39	SECTION	3.(c) Part 3 of Article 7B of Chapter 108A of	the General Statutes is
40	amended by adding a ne	ew section to read:	
41	" <u>§ 108A-147.2A. Free</u>	standing psychiatric hospital health advancen	<u>nent assessment.</u>
42		ding psychiatric hospital health advancement as	sessment imposed under
43		all freestanding psychiatric hospitals.	
44		nding psychiatric hospital health advancemen	
45		of each freestanding psychiatric hospital's hospi	
46		culated quarterly by the Department in accorda	
47 19		rter shall equal the health advancement freestand	
48 49	-	<u>llated under G.S. 108A-147.6A divided by the to</u> the hospitals holding a license on the first day of the	-
49 50		3.(d) G.S. 108A-147.3 reads as rewritten:	e assessment quarter.
50	SECTION.	$y_{1}(\mathbf{u}) = 0.5.100 - 14/.5$ reaus as rewritten.	

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"§ 108A-147.3. Aggregate acute care hospital health advancement assessment collection
amount.
(a) The aggregate health advancement assessment collection amount is an amount of
money that is calculated quarterly by adjusting the total nonfederal receipts for health
advancement calculated under subsection (b) of this section by (i) subtracting the health
advancement presumptive IGT adjustment component calculated under G.S. 108A-147.9, (ii)
adding the positive or negative health advancement IGT actual receipts adjustment component
calculated under G.S. 108A-147.10, and (iii) subtracting the positive or negative IGT share of the reconciliation adjustment component calculated under G.S. 108A-147.11(b).
(b) The total nonfederal receipts for health advancement is an amount of money that is
calculated quarterly by adding all of the following:
(1) The presumptive service cost component calculated under G.S. 108A-147.5.
(2) The HASP health advancement <u>acute care hospital HASP</u> component
calculated under G.S. 108A-147.6.
(2a) The health advancement freestanding psychiatric hospital HASP component
calculated under G.S. 108A-147.6A.
(3) The administration component calculated under G.S. 108A-147.7.
(4) The State retention component under G.S. 108A-147.9.
(5) The positive or negative health advancement reconciliation adjustment
component calculated under G.S. 108A-147.11(a).
(c) The aggregate acute care hospital health advancement assessment collection amount
is an amount of money equal to the aggregate health advancement assessment collection amount
under subsection (a) of this section minus the health advancement freestanding psychiatric
hospital HASP component under G.S. 108A-147.6A."
SECTION 3.(e) G.S. 108A-147.5 reads as rewritten:
" § 108A-147.5. Presumptive service cost component.
(a) For every State fiscal quarter prior to the fiscal quarter in which G.S. 108A-54.3A(24)
becomes effective, the presumptive service cost component is zero.
(b) For the State fiscal quarter in which G.S. 108A-54.3A(24) becomes effective, the
presumptive service cost component is the product of forty-eight million seven hundred fifty
thousand dollars (\$48,750,000) multiplied by the number of months in that State fiscal quarter in
which G.S. 108A-54.3A(24) is effective during any part of the month.
(c) For the first State fiscal quarter after the State fiscal quarter in which
G.S. 108A-54.3A(24) becomes effective, the presumptive service cost component is one hundred
forty-six million two hundred fifty thousand dollars (\$146,250,000).
(d) For the second State fiscal quarter after the State fiscal quarter in which
G.S. 108A-54.3A(24) becomes effective, and for each State fiscal quarter thereafter, the
presumptive service cost component is an amount of money that is the greatest of the following:
(1) The prior quarter's presumptive service cost component amount.
(2) The prior quarter's presumptive service cost component amount increased by
a percentage that is the sum of each monthly percentage change in the
Consumer Price Index: Medical Care for the most recent three months
available on the first day of the current quarter.
(3) The prior quarter's presumptive service cost component amount increased by
the percentage change in the weighted average of the base capitation rates for
standard benefit plans for all rating groups associated with newly eligible
individuals compared to the prior quarter. The weight for each rating group
shall be calculated using member months documented in the Medicaid
(4) managed care capitation rate certification for standard benefit plans.
(4) The prior quarter's presumptive service cost component amount increased by the percentage change in the weighted average of the base conjugation rates for
the percentage change in the weighted average of the base capitation rates for

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1 2 3		BH IDD tailored plans for all rating groups associated individuals compared to the prior quarter. The weight for shall be calculated using member months documente	or each rating group
4 5	(5)	managed care capitation rate certification for BH IDD tail	lored plans.
5 6	(5)	The amount produced from multiplying 1.15 by the highe when calculating, for each quarter that is at least two and	-
0 7		quarters prior to the current quarter, the actual nonfederal	
8		applicable quarter minus the $HASP$ -health advancement	-
9		HASP component calculated under G.S. 108A-147.6	
10		quarter and minus the health advancement freestanding	psychiatric hospital
11		HASP component calculated under G.S. 108A-147.6A	for the applicable
12		quarter."	
13		TION 3.(f) G.S. 108A-147.6 reads as rewritten:	
14		HASP health Health advancement acute care hospital H	
15		ealth advancement <u>acute care hospital HASP</u> component is a	
16 17		by multiplying the aggregate amount of HASP directed pay	
17	-	arter for hospital-reimbursements to acute care hospitals a also by the nonfederal share for newly eligible individuals."	undutable to newly
19	U	TION 3.(g) Part 3 of Article 7B of Chapter 108A of the	General Statutes is
20		ng a new section to read:	General Statutes 15
21	•	Health advancement freestanding psychiatric hospital	HASP component.
22		vancement freestanding psychiatric hospital HASP compor	
23		culated by multiplying the aggregate amount of HASP directly	
24	•	current quarter for reimbursements to freestanding pa	
25	attributable to new	wly eligible individuals by the nonfederal share for newly e	ligible individuals."
26		TION 3.(h) G.S. 108A-147.11 reads as rewritten:	
27		Health advancement reconciliation adjustment compo	
28		nealth advancement reconciliation adjustment componer	-
29		mount equal to the actual nonfederal expenditures for the	
30		he current quarter minus the sum of the following specified	
31 32	(1)	The presumptive service cost component calculated und	
32 33	(2)	for the quarter that is two quarters prior to the current qua The positive or negative gross premiums tax offset amou	
33 34	(2)	G.S. 108A-147.12(b).	
35	(3)	The HASP health advancement <u>acute care hospital</u>	HASP component
36	(3)	calculated under G.S. 108A-147.6 for the quarter that is t	_
37		the current quarter.	and quantum prior to
38	<u>(4)</u>	The health advancement freestanding psychiatric hospita	l HASP component
39		calculated under G.S. 108A-147.6A for the quarter that i	
40		to the current quarter.	
41	(b) The I	GT share of the reconciliation adjustment component is a	positive or negative
42		t is calculated by multiplying the health advancement recon	5
43	-	lated under subsection (a) of this section by the share of p	oublic hospital costs
44		subsection (c) of this section.	
45		hare of public hospital costs is calculated by adding total h	-
46		e System, total hospital costs for the primary affiliated teach (200)	•
47 48		iversity Brody School of Medicine, and sixty percent (60%)	
48 49		ic acute care hospitals and dividing that sum by the total h	iospital costs for all
47	acute care nospita	als except for critical access hospitals."	

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1 **SECTION 4.** Except as otherwise provided, this act is effective on the first day of

- 2 the next assessment quarter after the date this act becomes law and applies to assessments
- 3 imposed on or after that date.