

2005 DRAFTING REQUEST

Senate Amendment (SA-SA1-SB535)

Received: **02/28/2006**

Received By: **dkennedy**

Wanted: **As time permits**

Identical to LRB:

For: **Ronald Brown (608) 266-8546**

By/Representing: **Katie Mnuk (aide)**

This file may be shown to any legislator: **NO**

Drafter: **dkennedy**

May Contact:

Addl. Drafters:

Subject: **Health - medical assistance**

Extra Copies:

Submit via email: **YES**

Requester's email: **Sen.Brown@legis.state.wi.us**

Carbon copy (CC:) to: **robin.ryan@legis.state.wi.us**

Pre Topic:

No specific pre topic given

Topic:

Make the one-time MA nursing home supplement a rate reimbursement supplement

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	dkennedy 02/28/2006	jdye 02/28/2006		_____			
/1			rschlue 02/28/2006	_____	lnorthro 02/28/2006	lnorthro 02/28/2006	

FE Sent For:

<END>

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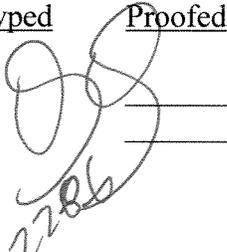
Make the one-time MA nursing home supplement a rate reimbursement supplement

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
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FE Sent For:

<END>

Morgan, Charlie

From: Mruk, Katie
Sent: Tuesday, February 28, 2006 8:20 AM
To: Morgan, Charlie
Subject: FW: SB 535 and Senate Amendment 1
Importance: High

Charlie, can you take a look at the request below? In your opinion, does this change need to be made? We're taking the bill up on the floor today.

Thanks,
Katie

From: Office of BSJ Executive Director [mailto:bsjexecdir@centurytel.net]
Sent: Friday, February 24, 2006 12:47 PM
To: Sen.Brown
Subject: SB 535 and Senate Amendment 1

2/24/06
RE: SB 535 and Senate Amendment 1

Dear Senator Ronald Brown:

Briefly, thank you for your support of the above legislation and your ongoing commitment to those we serve.

Those of us (nursing homes) in Family Care counties will not receive the one time adjustment for CMO days of service (which are in essence Medical Assistance days) unless the one time adjustment is tied to the MA reimbursement rate. For our facilities, this represents 12,114 patient days for the period July '04 - June '05.

Would you support and sponsor a one word friendly amendment in two places on Amendment 1?
Page 2, Line 1, item (4d) 'NURSING HOME REIMBURSEMENT, add RATE, SUPPLEMENT.'

Page 2, Line 5, 'one-time supplement to reimbursement, add rate, under Medical Assistance . . .'

Thank you for your consideration of this small change that will make a significant difference.

Please contact me if you have questions or concerns at 608-788-5700.

Regards,
Tom Rand
BSJ Corporation Executive Director
For:
Bethany St. Joseph Care Center
Onalaska Care Center
Marinuka Manor
Norseland Nursing Home

c: Senator Dan Kapanke
Repr. Jennifer Shilling
Repr. Michael Huebsch

Melba (Schilling)
6-5-780
6-8546
Katie

APPENDIX 1 (Page 1) – REIMBURSEMENT FOR AUTHORIZED SERVICES

PURCHASER AND PROVIDER AGREE:

Reimbursement for authorized services provided to eligible clients will be determined in accordance with this Appendix.

No Minimum Requirement – It is understood and agreed by the parties that the Purchaser assumes no obligation to purchase from Provider any minimum amount of services as defined in the terms of this contract.

Method of Payment – For clarification of Method of Payment Code, refer back to Section V, Letter A. 1/12th payments (Method of Payment Code #2) are exceptions to being paid under the normal provisions of the contract. When MOP below is #2, it will also state a date of when reconciliation between the contracted payments and the authorized/delivered units will occur. If the reconciliation reveals that the calculation of the payment based on the Provider's authorized units delivered at the agreed upon rate(s) exceed the 1/12th payments made, the Purchaser will then issue a payment to the Provider. If the reconciliation reveals that the Purchaser's 1/12th payments exceeded the calculation of the payments based on the Provider's authorized units delivered at the agreed upon rate(s), the Purchaser will require the Provider to refund the difference or will subtract the difference from future checks. The exact process for the Purchaser to recapture the amount owed will be mutually decided upon between both parties at the time of reconciliation, dependent upon the amount owed and the impact that it will have on the Provider's service delivery. All funds should be recaptured by December 31st of the current year.

CMO Providers - Rate changes that Medicaid determines should be applied retroactively to services covered by the state plan shall cause Purchaser to make appropriate corresponding adjustments to reimbursements that Purchaser has made or will make to Provider for such services.

Hours should be rounded to the nearest ¼ hour, unless otherwise stated in MA Guidelines (i.e. Personal Care should be rounded to the nearest ½ hour). Purchaser will pay for date of admission and not the date of discharge.

Total Cost – The Provider agrees that the total amount to be paid pursuant to the Contract shall not exceed an amount equal to the number of authorized actual units of service delivered by the Provider multiplied by the appropriate unit rate set forth in the following schedule of rates:

<u>Service Description</u>	<u>Rate</u>	<u>Unit</u>	<u>Method of Payment</u>
505.10 – Nursing Home Days (Onalaska Care Center, Bethany St. Joe's Care Center & Marinuka Manor)	MA Rates	Per day	3
112.55 – Disposable Medical Supplies	MA Rates	Per item	3
112.58 – Durable Medical Equipment	MA Rates	Per item	3
107.10 – Transportation – Nursing Home Van	MA Rates	Per trip	3
507.11 – Physical Therapy	MA Rates	Per Qtr. hr.	3
507.12 – Occupational Therapy	MA Rates	Per Qtr. hr.	3
104.21 – Supportive Home Care (Preference in Home Care – PIC)	\$14.00	Per hour	1
105.20 – Personal Care (Preference in Home Care – PIC)	\$15.30	Per hour	1

2005

Date (time) needed

now

LRBa 2550/1

AMENDMENT

DAK: jld: _____

See form AMENDMENTS — COMPONENTS & ITEMS.

(S) A AMENDMENT

TO (S) A AMENDMENT 1 (LRBa 22),

~~TO S A SUBSTITUTE AMENDMENT 2 (LRBs 22)~~

TO 2005 (SB) ~~SJR SR AB AJR AR~~ 535 (LRB 1)

At the locations indicated, amend the B amendment as follows:
(fill ONLY if "engrossed ..." or "as shown by")

#. Page 1, line 6: after "reimbursement" insert "rate". ✓

#. Page 2, line 1: after "REIMBURSEMENT" insert "RATE". ✓
(CS) (CS)

#. Page 2, line 5: delete "reimbursement" and substitute "the reimbursement rate". ✓

#. Page , line :

(End)

#. Page , line :