Senate Amendment (SA-SSA1-SB55)

Received: 07/10/2001				Received By: isagerro					
Wanted	: As time pern	uits			Identical to LRB				
For: Le	gislative Fiscal	Bureau		. *	By/Representing: Carabell				
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07/23/2001 07:48:02 AM Page 2

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FE Sent For:

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Senate Amendment (SA-SSA1-SB55)

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07/20/2001 02:29:40 PM Page 2

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Senate Amendment (SA-SSA1-SB55)

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Senate Amendment (SA-SSA1-SB55)

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Wanted: As time permits	Identical to LRB.			
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*Per Rachel Carabell - 7/10/01
intent is to ensure that any increase in the
ma king in a many in a time to
All surrousers con the row
result in more than a \$2.5 million
loss to HMOs b/c of increase in the
discount vate
* Discourst Rate, Ex
Hesp Rate - \$100 ? discourt rate = 8%
Hmo Rata - 492 S
HILLO VA U - VIZ J
* after 1 funding
Hosp Rata - 4102? discourt rate = 10%
100p al 4 - 100 auscourt rale = 10/0
HMORate - 992) * include in rate = 22
it Senate provision
strup in
not later than 90 days to JFC
- Require DHFS (to submit plan on how & will be
all crated on that to the things
to the state of th
161 more Than 2.5 million
allocated so that lose to HMOs in not more than 2.5 million - under 14 day parsives review

=10me

MA Hospital Payments

• JFC funding Levels for DSHs

• Modify JFC provision relating to holding HMOs harmless by including the following: "Require DHFS to allocate a portion of the funding provided for outpatient hospital rate increases to fund adjustments in HMO payment rates to ensure that the increase in the discount rate reflected in HMO payments does not total more than \$2.5 million (all funds) in calendar years 2002 \$6000 and 20@ as a result of the increase in hour wredilly outpatient hospital reimbursement. Require No for Amios DHFS to submit a proposal to the Joint so that Kirnus Committee on Finance within 90 days of the The provided for outpatient hospital increases between hospitals and HMOs.

Authorize DHFS to implement the number of the committee of the provided for outpatient hospitals and HMOs.

Authorize DHFS to implement the number of the provided for outpatient hospitals and HMOs. bill's general effective date that identifies how DHFS would allocate the additional funding provided for outpatient hospital rate Authorize DHFS to implement the proposal DHFS that it wishes to meet on the proposal. Prohibit DHFS from implementing the proposal unless the Committee approves the proposal or an alternative proposal."

HMOs to be able to lose up to 2.5 million based on hospital It inclusion

-ANTS could

\$1,481,900 FED would be budgeted in the MA appropriation, the rest would be budgeted for BadgerCare benefits.

Assembly: No change to Joint Finance.

5. MA HOSPITAL PAYMENTS

Stimure:

15.15

D0744

Senate: Provide \$1,000,000 annually (\$412,500 GPR and \$587,500 FED in 2001-02 and \$415,000 GPR and \$585,000 FED in 2002-03) to increase allocations for disproportionate share hospitals (DSHs). The substitute amendment would increase funding for these payments by \$3.0 million (all funds) annually. Therefore, under this provision, the increase for DSH allocations would total \$4.0 million annually.

	Chg. to JFC
GPR	\$827,500
FED	<u>1,172,500</u>
Total	\$2,000,000

Delete the provision in the substitute amendment that would require DHFS to allocate a portion of the funding provided for outpatient hospital rate increases to fund adjustments in HMO payment rates to ensure that the discount rates reflected in HMO payments are not increased as a result of the increase in outpatient hospital Announced that almost Proposal to JT Fin my DNFD in 70 days passure review reimbursements.

Assembly: Reduce MA benefits funding by \$500,000 GPR and \$712,100 FED in 2001-02 and \$500,000 GPR and \$704,900 FED in 2002-03 to reduce funding that would be provided in the substitute amendment for MA payments to disproportionate share hospitals (DSHs). Under

Chg. to JFC **GPR** -\$1,000,000 **FED** <u>- 1,417,000</u> **Total** - \$2,417,000

b1384/1 DAK

this provision, funding for these hospitals would increase by \$1,787,900 (all funds) in 2001-02 and \$1,795,100 (all funds) in 2002-03, compared to the base.

6. MILWAUKEE COUNTY GENERAL ASSISTANCE MEDICAL PROGRAM

b0739

188

Senate) Provide \$2,160,000 PR annually and \$3,076,400 FED in 2001-02 and \$3,045,100 FED in 2002-03 to reflect an increase in the amount that DHFS may receive from Milwaukee County as an intergovernmental transfer (IGT) for Milwaukee County's general assistance medical program (GAMP).

	Chg. to JFC
PR	\$4,320,000
FED	<u>6,121,500</u>
Total	\$10,441,500

Under current law, DHFS is authorized to receive \$2.5 million annually from Milwaukee County as an IGT payment. This revenue is deposited in a PR appropriation in DHFS and matched with federal MA matching funds (approximately \$3.6 million) and distributed to eligible hospitals in Milwaukee County as reimbursement for services provided by the hospitals and originally paid under GAMP. These hospitals then reimburse Milwaukee County for any payments made under GAMP.

LFB:.....Carabell – Increase in MA hospital rates for outpatient services

FOR 2001–03 BUDGET — NOT READY FOR INTRODUCTION

SENATE AMENDMENT

TO SENATE SUBSTITUTE AMENDMENT 1,

TO 2001 SENATE BILL 55

substitute amendment

At the locations indicated, amend the bill as follows:

2 **1.** Page 1338, line 20: after that line insert:

13 NOTICE (13d) INCREASE IN HOSPITAL AND HEALTH MAINTENANCE ORGANIZATION RATES OF REIMBURSEMENT No later than 90 days after the effective date of this subsection, the department of health and human services shall submit to the joint committee on finance a plan for distributing the moneys appropriated in the 2001–03 fiscal biennium under (\$\frac{1}{2}\)(20.435 (4) (0) and (w) of the statutes, as affected by this act, for increasing the maximum rate of reimbursement paid to hospitals and health maintenance organizations for outpatient services provided under the medical assistance program under subchapter IV of chapter 49 of the statutes. The plan may

not increase the maximum rate of reimbursement paid to hospitals for outpatient services so that the cost of the increase in the discount rate, which is shown as the difference between the rate of reimbursement paid to hospitals for outpatient services and the rate of reimbursement paid to health maintenance organizations for outpatient services, exceeds \$2,500,000. If the cochairpersons of the committee do not notify the secretary of health and family services within 14 working days after receiving the plan that the cochairpersons have scheduled a meeting for the purpose of reviewing the plan, the department of health and family services shall implement the plan. If, within 14 working days after receiving the plan, the cochairpersons notify the secretary of health and family services that the cochairpersons have scheduled a meeting for the purpose of reviewing the plan, the department of health and family services may implement the plan only as approved by the committee."

(END)

Sager-Rosenthal, Ivy

From:

Carabell, Rachel

Sent:

Thursday, July 19, 2001 5:52 PM

To:

Sager-Rosenthal, Ivy

Subject:

LRB2043/1

Hi Ivy!

I have some changes to LRB 2043/1.

- 1. On page 2, lines 2: after cost, delete "of" and substitute "resulting from" (this is probably minor, but it seems more clear to me this way)
- 2. Page 2, Delete lines 3-5 and replace with "difference between the rate of reimbursement paid to fee-for-service providers for the same services provided by the health maintenance organization and the rate of payment made to health maintenance organizations, exceeds \$2,500,000 annually in 2002 and 2003 as a result of the increase in hospital outpatient services rates. If the cochairpersons of the committee do"

These changes are necessary for several reasons:

---the discount rate is based on all services for which an HMO provides compared with what it would have cost if those same services were provided on a fee-for-service basis. There is no discount rate on a service-specific basis.

---the \$2.5 million is an annual amount for the two year period only

- ---HMOs are not reimbursed for services-rather they are prepaid based on enrollment, so to describe their payment as reimbursement isn't really accurate.
- ---the description regarding the \$2.5 million must be specifically tied to a change in the outpatient hospital rate because the discount rate can change for a variety of reasons and we want to make sure that only the change as a result of the outpatient hospital rate is used to determine payments under this provision.

I hope this makes sense. Call me if you have any questions.

Rachel Carabell Legislative Fiscal Bureau rachel.carabell@legis.state.wi.us Phone: 608-266-3847



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State of Misconsin 2001 - 2002 LEGISLATURE

LRBb2043/A\TSR:jld:kjf

LFB:.....Carabell – Increase in MA hospital rates for outpatient services

FOR 2001–03 BUDGET — NOT READY FOR INTRODUCTION

SENATE AMENDMENT

TO SENATE SUBSTITUTE AMENDMENT 1, TO 2001 SENATE BILL 55

At the locations indicated, amend the substitute amendment as follows:

1. Page 1338, line 20: after that line insert:

"(13dd) Increase in Hospital and Health Maintenance organization rates of Reimbursement. No later than 90 days after the effective date of this subsection, the department of health and human services shall submit to the joint committee on finance a plan for distributing the moneys appropriated in the 2001–03 fiscal biennium under section 20.435 (4) (o) and (w) of the statutes, as affected by this act, for increasing the maximum rate of reimbursement paid to hospitals and health maintenance organizations for outpatient services provided under the medical assistance program under subchapter IV of chapter 49 of the statutes. The plan may

not increase the maximum rate of reimbursement paid to hospitals for outpatient 1 increase results in an services so that the postoff the increase in the discount rate, which is shown as the tee-for-service providers difference between the rate of reimbursement paid to hoppitals for outpertienty services, and the rate of pelithbursement wait to health maintenance organizations for that are provided by health maintenance organizations not notify the secretary of health and family services within 14 working days after 6 7 receiving the plan that the cochairpersons have scheduled a meeting for the purpose 8 of reviewing the plan, the department of health and family services shall implement 9 the plan. If, within 14 working days after receiving the plan, the cochairpersons 10 notify the secretary of health and family services that the cochairpersons have 11 scheduled a meeting for the purpose of reviewing the plan, the department of health **12** and family services may implement the plan only as approved by the committee.". 13 (END)

Sager-Rosenthal, Ivy

From:

Carabell, Rachel

Sent:

Friday, July 20, 2001 6:03 PM

To:

Sager-Rosenthal, Ivy

Subject:

hospital draft

Re: 2043/2

Charlie caught this one...., page 1, line 5: I believe that "health and human services" should be "health and family services"
Thanks!

Rachel Carabell Legislative Fiscal Bureau rachel.carabell@legis.state.wi.us Phone: 608-266-3847



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State of Misconsin 2001 - 2002 LEGISLATURE

LRBb2043/2 ISR:jld:rs.

LFB:.....Carabell – Increase in MA hospital rates for outpatient services

FOR 2001–03 BUDGET — NOT READY FOR INTRODUCTION

SENATE AMENDMENT

TO SENATE SUBSTITUTE AMENDMENT 1, TO 2001 SENATE BILL 55

At the locations indicated, amend the substitute amendment as follows:

1. Page 1338, line 20: after that line insert:

"(13dd) Increase in Hospital and Health maintenance organization rates of reimbursement. No later than 90 days after the effective date of this subsection, the department of health and services shall submit to the joint committee on finance a plan for distributing the moneys appropriated in the 2001–03 fiscal biennium under section 20.435 (4) (0) and (w) of the statutes, as affected by this act, for increasing the maximum rate of reimbursement paid to hospitals and health maintenance organizations for outpatient services provided under the medical assistance program under subchapter IV of chapter 49 of the statutes. The plan may

not increase the maximum rate of reimbursement paid to hospitals for outpatient services so that the increase results in an increase in the discount rate, which is shown as the difference between the rate of reimbursement paid to fee-for-service providers for the same services that are provided by health maintenance organizations and the rate of payment made to health maintenance organizations for those services, of more than \$2,500,000 in each of calendar years 2002 and 2003. If the cochairpersons of the committee do not notify the secretary of health and family services within 14 working days after receiving the plan that the cochairpersons have scheduled a meeting for the purpose of reviewing the plan, the department of health and family services shall implement the plan. If, within 14 working days after receiving the plan, the cochairpersons notify the secretary of health and family services that the cochairpersons notify the secretary of health and family services that the cochairpersons have scheduled a meeting for the purpose of reviewing the plan, the department of health and family services may implement the plan only as approved by the committee.".

(END)



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State of Misconsin 2001 - 2002 LEGISLATURE

LRBb2043/3 ISR:jld:ch

LFB:.....Carabell – Increase in MA hospital rates for outpatient services FOR 2001–03 BUDGET — NOT READY FOR INTRODUCTION SENATE AMENDMENT

TO SENATE SUBSTITUTE AMENDMENT 1, TO 2001 SENATE BILL 55

At the locations indicated, amend the substitute amendment as follows:

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not increase the maximum rate of reimbursement paid to hospitals for outpatient services so that the increase results in an increase in the discount rate, which is shown as the difference between the rate of reimbursement paid to fee—for—service providers for the same services that are provided by health maintenance organizations and the rate of payment made to health maintenance organizations for those services, of more than \$2,500,000 in each of calendar years 2002 and 2003. If the cochairpersons of the committee do not notify the secretary of health and family services within 14 working days after receiving the plan that the cochairpersons have scheduled a meeting for the purpose of reviewing the plan, the department of health and family services that the cochairpersons notify the secretary of health and family services that the cochairpersons notify the secretary of health and family services that the cochairpersons have scheduled a meeting for the purpose of reviewing the plan, the department of health and family services may implement the plan only as approved by the committee.".