

2003 DRAFTING REQUEST

Bill

Received: **12/23/2002**

Received By: **dkennedy**

Wanted: **As time permits**

Identical to LRB:

For: **Administration-Budget 267-7980**

By/Representing: **Blaine**

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

Drafter: **dkennedy**

May Contact:

Addl. Drafters:

Subject: **Health - medical assistance**

Extra Copies: **RLR, PJK**

Submit via email: **YES**

Requester's email:

Carbon copy (CC:) to:

Pre Topic:

DOA:.....Blaine - BB0290,

Topic:

Eliminate MA supplemental payments to rural hospitals

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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*18-2/6
KMG*

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		17-2/3/03 kmg	17 2/3 CPH				

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KMG
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20/31

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*14- 1/22/03
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1?	dkennedy	11-12/26 Kmg	12/30 PG	12/30 self			

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Agency: Department of Health and Family Services

SBO Analyst: Robert Blaine (7-7980)

Title: Eliminate supplemental hospital payments

Purpose of Draft: Eliminate supplemental payments to hospital under the Medical Assistance Program, effective with the passage of the 2003-05 budget bill. Payments include:

- Essential Access City Hospital Adjustment: eliminate the language under s. 49.45 (6x) requiring the department to make special payments to essential access city hospitals.
- Rural adjustment: eliminate the language under s. 49.45 (5m), for this supplement.

Priority: High.

BBO 290



DOA:.....Blaine - BB0290, Eliminate MA supplemental hospital payments
FOR 2003-05 BUDGET — NOT READY FOR INTRODUCTION

Don't
GEN. CAT.

1 AN ACT ...; relating to: eliminating Medical Assistance supplemental payments
2 to hospitals.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

Under current law, DHFS provides in each fiscal year a supplemental payment of \$4,748,000 under the Medical Assistance (MA) program to an essential access city hospital. DHFS must develop procedures for solicitation and review of requests for these moneys and a method of distribution that includes establishment of criteria for designation of a hospital as an essential access city hospital and must reduce the distribution if federal MA matching moneys are reduced.

Also under current law, DHFS provides in each fiscal year a total of \$2,256,000 in supplemental payments to rural hospitals that DHFS determines have high utilization of inpatient services by patients whose care is provided from governmental sources, and to critical access hospitals (rural hospitals that meet certain federal MA requirements).

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-1253/1dn

DAK: *king*

To Robert Blaine:

Please look at ss. 50.33 (1g) and (2) (c), 50.50 (1m), (3) (a) 6., and (6), and 50.52 (2) (c) 3. to see if these provisions concerning critical access hospitals should also be repealed.

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

**DRAFTER'S NOTE
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LEGISLATIVE REFERENCE BUREAU**

LRB-1253/1dn
DAK:kmg:pg

December 30, 2002

To Robert Blaine:

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Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

Kennedy, Debora

From: Blaine, Robert
Sent: Friday, January 03, 2003 11:08 AM
To: Kennedy, Debora
Subject: RE: LRB Draft: 03-1253/1 Eliminate MA supplemental hospital payments

Hi Debora --

Your question regarding critical access hospitals language is now moot! The Governor decided to not eliminate this supplement. Thus, would you please redraft and omit section 2?

Thanks,
Robert

-----Original Message-----

From: Greenslet, Patty
Sent: Monday, December 30, 2002 11:10 AM
To: Blaine, Robert
Cc: Johnston, James; Schaeffer, Carole; Hanaman, Cathlene; Haugen, Caroline
Subject: LRB Draft: 03-1253/1 Eliminate MA supplemental hospital payments

Following is the PDF version of draft 03-1253/1.

<< File: 03-1253/1 >> << File: 03-1253/1dn >>



3000 - In edit 01/08

State of Wisconsin
2003 - 2004 LEGISLATURE

LRB-1253/2
DAK:kmg

certain

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~~Also~~ under current law, DHFS provides in each fiscal year a total of \$2,256,000 in supplemental payments to rural hospitals that DHFS determines have high utilization of inpatient services by patients whose care is provided from governmental sources, and to critical access hospitals (rural hospitals that meet certain federal MA requirements).

This bill eliminates MA supplemental payments by DHFS to an essential access city hospital and to critical access hospitals and rural hospitals with high MA recipient utilization.

Kennedy, Debora

From: Blaine, Robert
Sent: Friday, January 17, 2003 2:57 PM
To: Kennedy, Debora
Cc: Kahler, Pam
Subject: Drafting -- head's up!

OK (deep breath for Rob) -- it's not as bad as I had feared --- here are the items I'll be sending over soon:

New Items (these will come over formally, but you might not see them until Sun / Mon -- depending on if they're making runs).

- 1) MA -- personal needs allowance for nursing home residents. Reduce the allowance from \$45 / month to \$30 / month. s. 49.45 (7)(a)
- 2) Family Care Expansion to Kenosha (see attached language request).



Standard DD
Eligibility.doc

- 3) Eliminate the County Services Deficit Reduction Benefit (CSDRB).

In addition to this, the following drafts need to be modified.

Items to be Modified

Draft# (no draft received -- SENIORCARE):

- Change the deductible structure as follows: \$500 for persons < 200% FPL. \$750 for persons between 200-240% FPL. \$850 for persons > 240%.
- Increase the enrollment fee as follows: \$25 for persons with incomes < 200% FPL. \$30 for those with incomes above 200% FPL.

Draft# (no draft yet received -- MA & BC cost-sharing): reduce the emergency room copayment to \$10 (previously specified as \$40).

Draft#: 1253 Revise to original 1253/1, repealing 49.45 (6x) (thus, we'll eliminate both the EACH and rural adjustments).

Draft# 0207: increase the assessment charged from \$32 per licensed bed to \$115 per bed

IGT / Revenue Maximization

I sent you an e-mail on Dec. 19 with some instructions. I think you can just scrap this since most of it is now irrelevant (esp. a portion that dealt with a grant to Marquette dental school).

We have been working on four discrete projects under the heading of "revenue maximization." Before I had thought that we could just do them all as one draft, using the IGT draft as a starting point, but it may make more sense to do them separately. What I will do is this. I will put together a plain language description of the projects and send them to you, if not by the end of today, by Sunday. It may be helpful if we met Sunday afternoon or Monday to talk about them (I'd be happy to come to your office for a change!). The broad ideas are as follows:

- 1) Home & Community Based Waivers IGT: do an IGT with counties for waiver services, where the upper limit is a % of the maximum specified in the CIP 1A/1B waiver.
- 2) County Based Services IGT: do an IGT with counties for other county provided services such as mental health services, AODA.
- 3) Municipality-based Services: reallocate some state GPR (shared revenue) to the MA program, and make enhanced payments for health services (e.g., EMS) provided by cities).
- 4) School-based Services: same as the municipal projects, but targeted to school districts for special education services.

Most of the language for these projects (I think) is related to compelling these entities to work with us on these projects, re-working the MA trust fund to park the money, and creating appropriations to budget the money.



SOON - In edit 1/19/03

State of Wisconsin
2003 - 2004 LEGISLATURE

LRB-1253/3
DAK:kmg:epb

D-NOTE

DOA:.....Blaine - BB0290, Eliminate certain MA supplemental hospital payments

FOR 2003-05 BUDGET - NOT READY FOR INTRODUCTION

INSERT A

1 AN ACT ^{DON'T EN. CAT.} relating to: eliminating Medical Assistance supplemental payments to ~~certain~~ hospitals.

Analysis by the Legislative Reference Bureau
HEALTH AND HUMAN SERVICES
MEDICAL ASSISTANCE

Under current law, DHFS provides in each fiscal year a total of \$2,256,000 in supplemental payments to rural hospitals that DHFS determines have high utilization of inpatient services by patients whose care is provided from governmental sources, and to critical access hospitals (rural hospitals that meet certain federal MA requirements).

This bill eliminates MA supplemental payments by DHFS to critical access hospitals and rural hospitals with high MA recipient utilization.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 49.45 (5m) of the statutes is repealed.

(END)

3
INSERT 1-3
4

D-NOTE

to an essential access city hospital and

2003-2004 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-1253/3ins
DAK:kmg:cph

~~WOP~~
INSERT A ✓

DHFS provides in each fiscal year a supplemental payment of \$4,748,000 under the Medical Assistance (MA) Program to an essential access city hospital. DHFS must develop procedures for solicitation and review of requests for these moneys and a method of distribution that includes establishment of criteria for designation of a hospital as an essential access city hospital and must reduce the distribution if federal MA matching moneys are reduced.

Also under current law,

✓
INSERT 1-3

1

SECTION 1. 49.45 (6x) of the statutes is repealed.

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-1253/3dn

DAK:kmg:cph



To Robert Blaine:

Please again look at ss. 50.33 (1g) and (2) (c), 50.50 (1m), (3)(a) 6., and (6), and 50.52 (2) (c) 3. to see if these provisions concerning critical access hospitals should also be repealed.

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-1253/3dn
DAK:kmg:pg

January 21, 2003

To Robert Blaine:

Please again look at ss. 50.33 (1g) and (2) (c), 50.50 (1m), (3) (a) 6., and (6), and 50.52 (2) (c) 3. to see if these provisions concerning critical access hospitals should also be repealed.

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

Kennedy, Debora

From: Blaine, Robert
Sent: Tuesday, January 21, 2003 7:55 PM
To: Kennedy, Debora
Cc: Megna, Richard
Subject: RE: LRB Draft: 03-1253/3 BB0290, Eliminate certain MA supplemental hospital payments

Regarding the sections on critical access hospitals. The definition of "critical access hospital" is broader than the EACH supplement (the "essential critical access hospital"). That is, there are dozens of hospitals in the state defined as critical access, and only one of these is eligible for the supplement we are proposing eliminating. We will continue to use this designation. Therefore, I do not see any need to modify these definitions in statute.

Thanks for bringing this to my attention.

-----Original Message-----

From: Greenslet, Patty
Sent: Tuesday, January 21, 2003 12:26 PM
To: Blaine, Robert
Cc: Johnston, James; Schaeffer, Carole; Hanaman, Cathlene; Haugen, Caroline
Subject: LRB Draft: 03-1253/3 BB0290, Eliminate certain MA supplemental hospital payments

Following is the PDF version of draft 03-1253/3.

<< File: 03-1253/3 >> << File: 03-1253/3dn >>

Kennedy, Debora

From: Blaine, Robert
Sent: Wednesday, January 22, 2003 2:17 PM
To: Kennedy, Debora
Subject: FW: Draft Language - Hospital Supplements Elimination



Rural Supplement
Elimination D...

despite my best efforts, DHFS has found that the hospital supplement language is incorrect. sorry I didn't catch this earlier, but we will need a redraft.

-----Original Message-----

From: Miller, Anne
Sent: Wednesday, January 22, 2003 2:14 PM
To: Blaine, Robert
Cc: Pederson, Russell; Megna, Richard
Subject: Draft Language - Hospital Supplements Elimination

Dear Robert:

Russ reviewed the draft stat language for the elimination of the EACH and Rural hospital supplements. The language for eliminating EACH is fine [i.e. repealing s. 49.45 (6x)]. However, the language to eliminate the rural hospital adjustment needs to be changed.

It is our understanding that you intend to eliminate the rural hospital adjustment but not also the critical access hospital (CAH) adjustment. Your savings estimate of -\$937,000 GPR in FY 04 and 05 indicates this. However, the proposed language change eliminates both the rural adjustment and the CAH adjustment. The change repeals s. 49.45 (5m). This paragraph, confusingly titled "Supplemental Funding for Rural Hospitals", governs both the rural hospital adjustment and the CAH adjustment. By eliminating 49.45 (5m) you eliminate both.

Attached is proposed language to eliminate the rural adjustment but maintain the CAH adjustment. The LRB analysis should also be changed to reflect the bill's intent to eliminate the rural adjustment and not also the CAH adjustment.

Please feel free to contact me or Russ with any questions.

Anne Miller
DHFS/OSF
6-5422

Original Language:

49.45 (5m) Supplemental funding for rural hospitals.

(ag) In this subsection, "critical access hospital" has the meaning given in s. 50.33 (1g).

(am) Notwithstanding sub. (3) (e), from the appropriations under s. 20.435 (4) (b), (o) and (w), the department shall distribute not more than \$2,256,000 in each fiscal year, to provide supplemental funds to rural hospitals that, as determined by the department, have high utilization of inpatient services by patients whose care is provided from governmental sources, and to provide supplemental funds to critical access hospitals, except that the department may not distribute funds to a rural hospital or to a critical access hospital to the extent that the distribution would exceed any limitation under 42 USC 1396b (i) (3).

(b) The supplemental funding for rural hospitals shall be based on the utilization, by recipients of medical assistance, of the total inpatient days of a rural hospital in relation to that utilization in other rural hospitals.

Proposed Language:

49.45 (5m) Supplemental funding for critical access rural hospitals.

(ag) In this subsection, "critical access hospital" has the meaning given in s. 50.33 (1g).

(am) Notwithstanding sub. (3) (e), from the appropriations under s. 20.435 (4) (b), (o) and (w), the department shall ~~distribute not more than \$2,256,000 in each fiscal year, to provide~~ supplemental funds to rural hospitals that, as determined by the department, have high utilization of inpatient services by patients whose care is provided from governmental sources, and to provide supplemental funds to critical access hospitals, except that the department may not distribute funds to a rural hospital or to a critical access hospital to the extent that the distribution would exceed any limitation under 42 USC 1396b (i) (3).

~~(b) The supplemental funding for rural hospitals shall be based on the utilization, by recipients of medical assistance, of the total inpatient days of a rural hospital in relation to that utilization in other rural hospitals.~~



DOA:.....Blaine - BB0290, Eliminate certain MA supplemental hospital payments

FOR 2003-05 BUDGET — NOT READY FOR INTRODUCTION

1 AN ACT ^{DENY IT GEN. CAT.} relating to: eliminating Medical Assistance supplemental payments
2 to hospitals. *essential access city hospitals and certain rural hospitals*

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

Under current law, DHFS provides in each fiscal year a supplemental payment of \$4,748,000 under the Medical Assistance (MA) Program to an essential access city hospital. DHFS must develop procedures for solicitation and review of requests for these moneys and a method of distribution that includes establishment of criteria for designation of a hospital as an essential access city hospital and must reduce the distribution if federal MA matching moneys are reduced.

Also under current law, DHFS provides in each fiscal year a total of \$2,256,000 in supplemental payments to rural hospitals that DHFS determines have high utilization of inpatient services by patients whose care is provided from governmental sources, and to critical access hospitals (rural hospitals that meet certain federal MA requirements).

This bill eliminates MA supplemental payments by DHFS to an essential access city hospital and to ~~critical access hospitals and~~ rural hospitals with high MA recipient utilization.

and eliminates the specification for the amount of supplemental payments that DHFS must make to critical access hospitals

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 ~~SECTION 1. 49.45 (5m) of the statutes is repealed.~~

INSERT 2-1

2 SECTION 2. 49.45 (6x) of the statutes is repealed.

3 (END)

2003-2004 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-1253/4ins
DAK:kmg:pg

INSERT 2-1

1 SECTION 1. 49.45 (5m) (title) of the statutes is amended to read:

2 49.45 (5m) (title) SUPPLEMENTAL FUNDING FOR RURAL CRITICAL ACCESS HOSPITALS.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109.

3 SECTION 2. 49.45 (5m) (am) of the statutes is amended to read:

4 49.45 (5m) (am) Notwithstanding sub. (3) (e), from the appropriations under
5 s. 20.435 (4) (b), (o), and (w), the department shall ~~distribute not more than~~
6 ~~\$2,256,000 in each fiscal year, to provide supplemental funds to rural hospitals that,~~
7 ~~as determined by the department, have high utilization of inpatient services by~~
8 ~~patients whose care is provided from governmental sources, and to provide~~
9 ~~supplemental funds to critical access hospitals, except that the department may not~~
10 ~~distribute funds to a rural hospital or to a~~ ^{strike space} ~~critical access hospital to the extent that~~
11 the distribution would exceed any limitation under 42 USC 1396b (i) (3).

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109.

12 SECTION 3. 49.45 (5m) (b) of the statutes is repealed.

03-1253

Kennedy, Debora

From: Blaine, Robert
Sent: Thursday, January 23, 2003 5:51 PM
To: Kennedy, Debora
Subject: my face is red; hospital supplements

Hello Debora --

Apparently, the Governor decided to not cut the EACH hospital supplement. I didn't even realize it was on the table.

The good news is that you have a draft that already does this. That is, draft 1253/2 does what we need this draft to do, in that it only eliminates the rural adjustment. One thing I just noticed about 1253/2, though this draft only eliminates the rural adjustment, the analysis still mentions the critical access hospital piece.

I will say that I finally understand why it's a good thing to break apart drafts as much as possible. That way you avoid the back and forth like we've had one this one, minor draft. I can only wonder how many redrafts could be avoided...

Thanks,
Robert

From Robert 1/25 : Keep EACH
 - Elim critical access
 Elim Rural hosp.



(SOON - In edit 1/25)

State of Wisconsin
2003 - 2004 LEGISLATURE

LRB-1253/5
DAK:kmg:cpk

DOA:.....Blaine - BB0290, Eliminate certain MA supplemental hospital payments

FOR 2003-05 BUDGET — NOT READY FOR INTRODUCTION

DON'T GEN. CAT.

- 1 AN ACT ...; relating to: eliminating Medical Assistance supplemental payments
- 2 to ~~essential~~ ^{critical} access ~~city~~ hospitals and certain rural hospitals.

Analysis by the Legislative Reference Bureau
HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

~~Under current law, DHFS provides in each fiscal year a supplemental payment of \$4,748,000 under the Medical Assistance (MA) Program to an essential access city hospital. DHFS must develop procedures for solicitation and review of requests for these moneys and a method of distribution that includes establishment of criteria for designation of a hospital as an essential access city hospital and must reduce the distribution if federal MA matching moneys are reduced.~~

~~Also~~ Under current law, DHFS provides in each fiscal year a total of \$2,256,000 in supplemental payments to rural hospitals that DHFS determines have high utilization of inpatient services by patients whose care is provided from governmental sources, and to critical access hospitals (rural hospitals that meet certain federal MA requirements).

This bill eliminates MA supplemental payments by DHFS ~~to an essential access city hospital and~~ to rural hospitals with high MA recipient utilization and ~~eliminates the specification for the amount of supplemental payments that DHFS must make~~ to critical access hospitals.

Kennedy, Debora

From: Kennedy, Debora
Sent: Thursday, January 30, 2003 8:59 AM
To: Blaine, Robert
Subject: RE: LRB Draft: 03-1253/5 BB0290, Eliminate certain MA supplemental hospital payments

It's okay--we all need a rest. I will assume that what you want for /6 is what was drafted for /4.

-----Original Message-----

From: Blaine, Robert
Sent: Thursday, January 30, 2003 8:46 AM
To: Kennedy, Debora
Subject: FW: LRB Draft: 03-1253/5 BB0290, Eliminate certain MA supplemental hospital payments

Debora --

I apologize -- I've gotten all of these supplements so confused, I had you do a redraft that was unneeded.

-----Original Message-----

From: Miller, Anne
Sent: Thursday, January 30, 2003 8:42 AM
To: Blaine, Robert
Cc: Pederson, Russell; Bove, Fredi-Ellen; Megna, Richard
Subject: Re: FW: LRB Draft: 03-1253/5 BB0290, Eliminate certain MA supplemental hospital payments

Hi Robert!

LRB draft 03-1253/5 (attached) maintains the EACH payment as per the recent Gov. decision and eliminates both the rural hospital adjustment and the critical access hospital (CAH) adjustment. Is this your intent? Previously, your intent was only to eliminate the rural adjustment and not the CAH adjustment.

If you intend only to eliminate the rural adjustment and not the CAH adjustment, please use the language in LRB draft 03-1253/4 (also attached). Draft 03-1253/4 amends s.49.45 (5m) to eliminate the rural adjustment and maintain the CAH adjustment.

If you intend to eliminate both the rural and the CAH adjustment, then the language in 03-1253/5 is ok.

Please feel free to contact me with any questions.

- Anne

>>> Blaine, Robert 01/28/03 02:23PM >>>
should have sent this to you as well.

-----Original Message-----

From: Blaine, Robert
Sent: Tuesday, January 28, 2003 2:22 PM
To: Bove, Fredi-Ellen
Subject: FW: LRB Draft: 03-1253/5 BB0290, Eliminate certain MA supplemental hospital payments

Fredi --

I forgot to mention yesterday that in the course of the weekend, two budget cuts were reversed. The Governor decided to maintain the full Marquette dental grant and the EACH payment. I have not updated my file maintenance yet to reflect these changes, but will today.

The below draft thus only eliminates the rural hospital adjustment.

Let me know if you have any questions.

-----Original Message-----

From: Schlueter, Ron

Sent: Monday, January 27, 2003 2:25 PM

To: Blaine, Robert

Cc: Johnston, James; Schaeffer, Carole; Hanaman, Cathlene; Haugen, Caroline

Subject: LRB Draft: 03-1253/5 BB0290, Eliminate certain MA supplemental hospital payments

Following is the PDF version of draft 03-1253/5.



(SOON - In edit 1/31)
State of Wisconsin
2003 - 2004 LEGISLATURE

LRB-1253/36
DAK:kmg:ms

DOA:.....Blaine - BB0290, Eliminate certain MA supplemental hospital payments

FOR 2003-05 BUDGET - NOT READY FOR INTRODUCTION

1 AN ACT ^{DON'T CAT. GEN. CAT.} relating to: eliminating Medical Assistance supplemental payments to ~~critical~~ ^{essential} access hospitals and certain rural hospitals. ^{city}

Analysis by the Legislative Reference Bureau
HEALTH AND HUMAN SERVICES
MEDICAL ASSISTANCE

INSERT A1 ✓
Also
Under current law, DHFS provides in each fiscal year a total of \$2,256,000 in supplemental payments to rural hospitals that DHFS determines have high utilization of inpatient services by patients whose care is provided from governmental sources, and to critical access hospitals (rural hospitals that meet certain federal MA requirements).

INSERT A2
This bill eliminates MA supplemental payments by DHFS to rural hospitals with high MA recipient utilization and to critical access hospitals.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 49.43 (5m) of the statutes is repealed.

(END)

INSERT 1-3 4

DOA:.....Blaine - BB0290, Eliminate certain MA supplemental hospital payments

FOR 2003-05 BUDGET -- NOT READY FOR INTRODUCTION

- 1 AN ACT ...; relating to: eliminating Medical Assistance supplemental payments
- 2 to essential access city hospitals and certain rural hospitals.

Analysis by the Legislative Reference Bureau
HEALTH AND HUMAN SERVICES
MEDICAL ASSISTANCE

INSERT
A1

Under current law, DHFS provides in each fiscal year a supplemental payment of \$4,748,000 under the Medical Assistance (MA) Program to an essential access city hospital. DHFS must develop procedures for solicitation and review of requests for these moneys and a method of distribution that includes establishment of criteria for designation of a hospital as an essential access city hospital and must reduce the distribution if federal MA matching moneys are reduced.

Also under current law, DHFS provides in each fiscal year a total of \$2,256,000 in supplemental payments to rural hospitals that DHFS determines have high utilization of inpatient services by patients whose care is provided from governmental sources, and to critical access hospitals (rural hospitals that meet certain federal MA requirements).

INSERT
A2

This bill eliminates MA supplemental payments by DHFS to an essential access city hospital and to rural hospitals with high MA recipient utilization and eliminates the specification for the amount of supplemental payments that DHFS must make to critical access hospitals.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

INSERT 1-3 ✓

1 SECTION 1. 49.45 (5m) (title) of the statutes is amended to read:

2 49.45 (5m) (title) SUPPLEMENTAL FUNDING FOR RURAL CRITICAL ACCESS HOSPITALS.

3 SECTION 2. 49.45 (5m) (am) of the statutes is amended to read:

4 49.45 (5m) (am) Notwithstanding sub. (3) (e), from the appropriations under
5 s. 20.435 (4) (b), (o), and (w), the department shall ~~distribute not more than~~
6 \$2,256,000 in each fiscal year, to provide supplemental funds to rural hospitals that,
7 as determined by the department, have high utilization of inpatient services by
8 patients whose care is provided from governmental sources, and to provide
9 supplemental funds to critical access hospitals, except that the department may not
10 distribute funds to a rural hospital or to a critical access hospital to the extent that
11 the distribution would exceed any limitation under 42 USC 1396b (i) (3).

12 SECTION 3. 49.45 (5m) (b) of the statutes is repealed.

13 SECTION 4. 49.45 (6x) of the statutes is repealed.

14 (END)

Kennedy, Debora

From: Blaine, Robert
Sent: Monday, February 03, 2003 8:50 AM
To: Kennedy, Debora
Subject: FW: LRB Drafts 1253/6, 0207/6, 0210/2, 1760/1

more comments from Anne Miller. It seems like a lot, but I don't think there's really much needing change.

-----Original Message-----

From: Miller, Anne
Sent: Sunday, February 02, 2003 6:10 PM
To: Blaine, Robert
Cc: Cobb, James; Lund, C. David; Pederson, Russell; Updike, Lyle; Megna, Richard
Subject: LRB Drafts 1253/6, 0207/6, 0210/2, 1760/1

Hi Robert!

Here are comments on some of pending LRB Drafts. They look pretty good, but there are a few outstanding issues.

Supplemental Hospital Payments LRB 1253/6
The language on this last draft is fine. However, the analysis still says you're eliminating EACH.

Occupied Bed Assessment LRB 0207/6
This is fine. It looks like we'll fix the 45% under 25.77 (3) and 50.14 (2) in 05-07, which is fine. And although we didn't need the "may not exceed" for the nursing home assessment level (only for the ICF-MR assessment level) including this language will be ok.

Nursing Home Payment Formula Changes LRB 0210/2
The language is fine. However, the analysis may not be accurate. In the 2nd paragraph, the analysis says that "the bill eliminates the requirement that nursing homes submit cost reports" for support services and direct care costs. We didn't think that was what the language said (I don't think it should say that either). Also, we're not sure what the last paragraph is saying.

Redirect Hospital Assessment to MA; eliminate WisconCare and GME LRB 1760/1
Attached is an email from Russ Pederson on the question raised by the drafter as to how the assessment should be applied in MA. I agree with Russ that the assessment does not have to be broadly applied to MA costs. Since this assessment was not originally intended to fund MA costs, it may be better to limit its initial application to MA costs. Just a thought. . .
Otherwise, the language looks ok.

Also, Monday morning, I will provide you with a good "close down" number for WisconCare. I need to talk to Marge Pifer first thing Monday about the notification process. I think we can come up with a process that provides recipients enough forewarning without jeopardizing the Department's position and allowing the close down costs to be pretty close to the \$200,000 I talked to you about.

I hope this information is helpful. Please feel free to contact me with any questions.

On Monday morning early (before noon) I'll give you any comments on the ICF-MR paper. However, if you could let me know ASAP if before noon will be too late and I can send you what I have. I haven't heard from the Sue, Dave or Neil on that draft yet, but I sent them a priority email to let them know Monday morning was the absolute last time available for comments.

Thanks for all of your work on these proposals! And thanks for your continued patience with us. I know these never ending comments are very frustrating (but it'll be over on Monday).

Thank again,
Anne

-----Original Message-----

Date: 01/30/2003 11:00 am -0600 (Thursday)
From: Russell Pederson
To: Miller, Anne
CC: James Vavra; Marjorie Pifer; Priscilla Boroniec
Subject: Re: Fwd: FW: LRB Draft: 03-1760/1 Redirect hospital
assessment to MA; eliminate Wisconcare and grad med educ

Hi Anne,

My only question relates to the cross references to other MA-related programs, e.g. FamilyCare. Unless there is intent to direct ch. 146 hospital assessment funds to these programs which are funded outside the MA benefits appropriation/401, I see no reason to broaden the section.

The original intended of revenues (generally, health information) under s. 146.99, may unnecessarily become a difficult policy/political question with this draft. For instance, the change may suggest to some a new or expanded hospital tax - and I am unsure that is part of the proposed budget.

Russ

>>> Anne Miller 01/30/03 08:59AM >>>
Hi Russ!

Attached is stat language for a Gov.'s proposal that:

- (1) eliminates WisconCare and uses the hospital assessment that pays for it for MA, and
- (2) eliminates the graduate medical education adjustment.

If you have time could you please review this language. This proposal is confidential, and your discretion is requested. However, if you feel another section needs to review this language (for instance, for the WisconCare piece), just let me know I can forward it to him/her.

Thanks,
Anne



TODAY 2/3
State of Wisconsin
2003 - 2004 LEGISLATURE

LRB-1253/7
DAK:kmg

DOA:.....Blaine - BB0290, Eliminate ~~certain~~ MA supplemental ~~hospital~~ payments to rural hospitals

FOR 2003-05 BUDGET - NOT READY FOR INTRODUCTION

the budget

Don't
GEN. CAT.

- 1 AN ACT ~~relating to: eliminating Medical Assistance supplemental payments~~
- 2 ~~to essential access city hospitals and certain rural hospitals.~~

Analysis by the Legislative Reference Bureau
HEALTH AND HUMAN SERVICES
MEDICAL ASSISTANCE

~~Under current law, DHFS provides in each fiscal year a supplemental payment of \$4,748,000 under the Medical Assistance (MA) Program to an essential access city hospital. DHFS must develop procedures for solicitation and review of requests for these moneys and a method of distribution that includes establishment of criteria for designation of a hospital as an essential access city hospital and must reduce the distribution if federal MA matching moneys are reduced.~~

~~Also~~ under current law, DHFS provides in each fiscal year a total of \$2,256,000 in supplemental payments to rural hospitals that DHFS determines have high utilization of inpatient services by patients whose care is provided from governmental sources, and to critical access hospitals (rural hospitals that meet certain federal MA requirements).

This bill eliminates MA supplemental payments by DHFS ~~to an essential access city hospital and~~ to rural hospitals with high MA recipient utilization and eliminates the specification for the amount of supplemental payments that DHFS must make to critical access hospitals.



State of Wisconsin
2003 - 2004 LEGISLATURE

LRB-1253/18
DAK:kmg: ~~ch~~

D-NOTE

DOA:.....Blaine – BB0290, Eliminate MA supplemental payments to rural hospitals

FOR 2003-05 BUDGET — NOT READY FOR INTRODUCTION

1 AN ACT <sup>Don't
Sen.</sup> relating to: the budget.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

Under current law, DHFS provides in each fiscal year a total of \$2,256,000 in supplemental payments to rural hospitals that DHFS determines have high utilization of inpatient services by patients whose care is provided from governmental sources, and to critical access hospitals (rural hospitals that meet certain federal MA requirements).

This bill eliminates MA supplemental payments by DHFS to rural hospitals with high MA recipient utilization and eliminates the specification for the amount of supplemental payments that DHFS must make to critical access hospitals.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

2 SECTION 1. 49.45 (5m) (title) of the statutes is amended to read:

1 49.45 (5m) (title) SUPPLEMENTAL FUNDING FOR RURAL CRITICAL ACCESS HOSPITALS.

2 SECTION 2. 49.45 (5m) (am) of the statutes is amended to read:

appropriation
accounts

3 49.45 (5m) (am) Notwithstanding sub. (3) (e), from the appropriations under

4 s. 20.435 (4) (b), (o), and (w), the department shall ~~distribute not more than~~

5 \$2,256,000 in each fiscal year, to provide supplemental funds to rural hospitals that,

6 as determined by the department, have high utilization of inpatient services by

7 patients whose care is provided from governmental sources, and to provide

8 supplemental funds to critical access hospitals, except that the department may not

9 distribute funds to a rural hospital or to a critical access hospital to the extent that

10 the distribution would exceed any limitation under 42 USC 1396b (i) (3).

✓
INSERT 2-10

11 SECTION 3. 49.45 (5m) (b) of the statutes is repealed.

12

(END)

(gp),

(r),

D-NOTE

IN RE RT 2-10

*** This is reconciled 3.49.45 (5m) (am).

This section has been affected by drafts

with the following LRB #s: -1253/1,
-1755/P2, and

-1760/1.

D-NOTE

:Kmg:

To Robert Blaine:

This redraft reconciles LRB-1253/7,
LRB-1755/P2, and LRB-1760/1. LRB-1253,
LRB-1755, and LRB-1760 should all continue
to appear in the computed bill.

DAK

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-1253/8dn
DAK:kmg:cph

February 6, 2003

To Robert Blaine:

This redraft reconciles LRB-1253/7, LRB-1755/P2, and LRB-1760/1. LRB-1253, LRB-1755, and LRB-1760 should all continue to appear in the compiled bill.

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State of Wisconsin
2003 - 2004 LEGISLATURE

LRB-1253/8
DAK:kmg:cph

DOA:.....Blaine – BB0290, Eliminate MA supplemental payments to rural hospitals

FOR 2003-05 BUDGET — NOT READY FOR INTRODUCTION

1 AN ACT ...; relating to: the budget.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

Under current law, DHFS provides in each fiscal year a total of \$2,256,000 in supplemental payments to rural hospitals that DHFS determines have high utilization of inpatient services by patients whose care is provided from governmental sources, and to critical access hospitals (rural hospitals that meet certain federal MA requirements).

This bill eliminates MA supplemental payments by DHFS to rural hospitals with high MA recipient utilization and eliminates the specification for the amount of supplemental payments that DHFS must make to critical access hospitals.

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The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

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