## Fiscal Estimate - 2003 Session

Original Updated	Corrected	Supplemental						
LRB Number <b>03-3344/2</b>	Introduction Number	er <b>AB-592</b>						
Subject  Eliminate cap on supplemental Medical Assistance payments to county and municipal nursing homes								
Fiscal Effect		·						
AppropriationsRever	ease Existing absorb w	e Costs - May be possible to vithin agency's budget  Yes  Costs						
Permissive Mandatory Permis 2. Decrease Costs 4. Decre	5.Types of L Units Affect Units Affect Sissive Mandatory ease Revenue School Districe	s Village Cities ties Others ol WTCS						
Fund Sources Affected  Affected Ch. 20 Appropriations  GPR PRO PRO SEG SEGS 20.435 (4) (b), (4) (w)								
Agency/Prepared By	Authorized Signature	Date						
DHFS/ Anne Miller (608) 266-5422	/ Anne Miller (608) 266-5422 Fredi Ellen Bove (608) 266-2907 10/28/							

## Fiscal Estimate Narratives DHFS 10/29/2003

LRB Number	03-3344/2	Introduction Number	AB-592	Estimate Type	Original		
Subject							
Eliminate cap on supplemental Medical Assistance payments to county and municipal nursing homes							

## **Assumptions Used in Arriving at Fiscal Estimate**

The 2003 Biennial Budget Act (Act 33) reduced supplemental MA payments to county-owned nursing homes from \$77.1 million to \$37.1 million annually in FY 04 and FY 05. Also, Act 33 included anticipated revenues to the MA trust fund from three initiatives involving intergovernmental transfers (IGT) from counties to the state to fund supplemental MA payments that would generate additional federal matching funds. The three initiatives and budgeted revenue gains are:

- 1. Nursing Home \$37,861,200 (FY 04) \$33,195,200 (FY 05)
- 2. Local Government \$53,783,400 (FY 04) \$29,596,400 (FY 05)
- 3. HCB Waiver \$222,929,100 (FY 04) \$0 (FY 05)

Total All Initiatives \$314,573,700 (FY 04) \$62,791,600 (FY 05)

Because of changes in Medicare rates for nursing homes, it is possible that the expected revenue from the nursing home transfer will be higher than the amount budgeted under Act 33. However, it is uncertain that the total IGT-related federal revenues budgeted under Act 33 will be obtained due to federal government concerns about these approaches.

This bill modifies provisions relating to supplemental payments to county-owned nursing homes and the use of IGT revenues. The provisions are different for the FY 03-05 biennium and for FY 06 and thereafter. In the current biennium, the Bill would create the potential for higher supplemental payments to county-owned nursing homes depending on the total of actual SEG revenues compared to the amounts anticipated (or budgeted) under Act 33. If actual revenues are higher than budgeted revenues, the Department would be required to use those excess revenues to increase the county-owned nursing home supplement, up to the total deficits of these homes. The most likely reading of the Bill is that the comparison of SEG revenues involves all three initiatives (nursing home, Local Government and HBC Waiver).

Beginning in the FY 06 fiscal year, the bill would require that all SEG revenues related to the transfer of funds from Sheboygan, Rock and Walworth Counties would be used as supplemental payments to county-owned nursing homes, up to the total amount of deficits for these homes. As currently drafted, the SEG revenues would include any revenues from any transfers relating to the Local Government and HBC Waiver initiatives as well as the nursing home transfer.

In the current biennium, it is unlikely that the bill would result in higher supplemental payments to county-owned nursing homes since it appears unlikely that both the Local Government and the HCB Waiver initiatives will be approved by CMS.

In FY 06 and thereafter, it is likely that the bill would require that additional SEG revenues be used for county supplemental payments. In FY 05, approximately \$15.4 million of SEG revenues will be used to fund the supplemental payment of \$37.1 million to county-owned nursing homes. However, the nursing home IGT is anticipated to generate approximately \$63 million of SEG revenues, which is a difference of \$47.6 million that will be used to fund the state share of other MA costs. If this bill is enacted, it is unlikely that there would be any excess SEG revenues to be used for other MA payments besides the supplemental payment to county-owned nursing homes. This is for two reasons. First, projected deficits for county-owned nursing homes total \$115 million in FY 04, so that payments higher than the current \$37.1 million would be allowed under the bill. Also, as supplemental payments are increased to county-owned nursing homes, SEG revenues will be reduced by 59% of the increase in payments to county-owned homes since SEG revenues are proportionate to the gap between what Medicare would pay county-owned nursing homes and what Medicaid actually pays. As Medicaid

payments are increased to the county-owned nursing homes, the gap (and SEG revenues based on the gap) is reduced.

It is difficult to project with a high degree of accuracy the amount of SEG revenues from the nursing home transfer since it will depend on changes in patient days and Medicare and Medicaid rate increases. However, under expected trends, the amount of SEG revenues in FY 06 would be approximately \$42 million. Under current law county supplemental payment would use \$15.4 million of these SEG revenues in FY 06, leaving \$26.6 million for support of other MA expenditures. Under this bill, the county supplemental payment would increase to an estimated \$63.6 million all funds in FY 06, which would reduce SEG revenues to \$26.5 million, all of which would be used for the county supplemental payments. Compared to current law, \$26.6 million GPR would be needed to replace the loss of SEG revenues from the nursing home transfer.

The estimates in the previous paragraph are based on the assumption that there are no SEG revenues from the Local Government and HBC Waiver initiatives and that the nursing home transfer is implemented with the same three counties (Sheboygan, Rock and Walworth Counties) as was done in FY 2003. If the Local Government and/or HBC Waiver initiatives were approved by CMS, the increase in county supplemental payments would be higher in FY 06. If the Department implemented the nursing home transfer with other counties (which is allowed in the MA State Plan), the increase in county supplemental payments would be less in FY 06.

Long-Range Fiscal Implications

## Fiscal Estimate Worksheet - 2003 Session

Detailed Estimate of Annual Fiscal Effect

	Original		Updated		Corrected		Supplemental		
LRB I	Number	03-3344/	2	Introduction Number AB-592					
Subjec	t								
Elimina	te cap on su	ipplemental M	edical Assista	ance paymen	ts to county ar	nd municipal	nursing homes		
I. One-t annuali	time Costs ( ized fiscal e	or Revenue In effect):	npacts for S	tate and/or L	ocal Governr	ment (do no	ot include in		
II. Annι	ualized Cos	ts:			Annualized	Fiscal Imp	ct on funds from:		
					Increased Co	sts	Decreased Costs		
	e Costs by						-		
State	Operations	- Salaries and	Fringes			\$			
	Position Ch								
State	Operations	- Other Costs							
Local	Assistance								
Aids t	to Individual	s or Organizat	ions		11,100,0	000			
ТО	TAL State	Costs by Cate	egory		\$11,100,0	000	\$		
B. State	Costs by	Source of Fur	nds						
GPR					11,100,0	000			
FED									
PRO/	PRS								
SEG/	SEG-S								
III. State (e.g., ta	e Revenues x increase,	- Complete t decrease in l	his only whe icense fee, e	en proposal v ets.)	will increase o	or decrease	state revenues		
					Increased R	Rev	Decreased Rev		
GPR	Taxes					\$	\$		
GPR	Earned								
FED									
PRO/									
SEG/	SEG-S						-15,500,000		
ТО	TAL State I	Revenues				\$	\$-15,500,000		
			NET ANNUA	LIZED FISC	AL IMPACT				
					<u>Sta</u>	at <u>e</u>	<u>Local</u>		
	IANGE IN C				\$11,100,0	00	\$		
NET CH	IANGE IN R	EVENUE			\$-15,500,0	00	\$		
Agency	/Prepared I	Зу		Authorized :	Signature	-	Date		
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