## 2019 DRAFTING REQUEST

Dill						
Bill		,				
For:	Administrat	ion-Budget	Draf	ter:	tdodge	
By: Ames		Seco	Secondary Drafters:			
Date:	2/8/2019		May	May Contact:		
Same as	s LRB:					
	via email:	YES			:	
Requester's email: Carbon copy (CC) to:		doasbostatlanguage@wisconsin.gov tamara.dodge@legis.wisconsin.gov				
Pre To	pie:					
DOA:	Ames, BB0310 -					
Topic:						
Hospital access payments						
Instruc	tions:					
See attached						
Draftin	ıg History:					
Vers.	<u>Drafted</u>	Reviewed	Submitted	Jacketed	Required	
/?	tdodge 2/12/2019	anienaja 2/12/2019				
/P1	tdodge 2/18/2019	anienaja 2/19/2019	dwalker 2/12/2019		State	
/P2			mbarman 2/19/2019		State	

FE Sent For:

<**END>** 

### Dodge, Tamara

From:

Hanaman, Cathlene

Sent:

Friday, February 08, 2019 10:53 AM

To:

Dodge, Tamara; Paczuski, Konrad; Walkenhorst Barber, Sarah

Subject:

FW: Statutory Language Drafting Request - 2019-21

From: Ames, Kyle - DOA < Kyle. Ames@wisconsin.gov>

Sent: Friday, February 08, 2019 10:28 AM

To: Hanaman, Cathlene < Cathlene. Hanaman@legis.wisconsin.gov>

Cc: Dombrowski, Cynthia A - DOA < Cynthia. Dombrowski@wisconsin.gov>; Ames, Kyle - DOA

<Kyle.Ames@wisconsin.gov>

Subject: Statutory Language Drafting Request - 2019-21

Biennial Budget: 2019-21

Topic: Hospital Access Payments

Tracking Code: BB0310

SBO Team: HSI

SBO Analyst: Ames, Kyle Phone: (608) 266-2214

E-mail: kyle.ames@wisconsin.gov

Agency Acronym: 435

Agency Number: 435

Priority: Low

Intent:

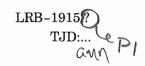
Please change the proportion that the amounts collected are divided by from 61.68 percent to 53.69 percent under s. 49.45(3)(e)(11).

Attachments: False

Please send completed drafts to SBOStatlanguage@spmail.enterprise.wistate.us



## State of Misconsin 2019 - 2020 LEGISLATURE



In:2/12

DOA:.....Ames, BB0310 - Hospital access payments

### FOR 2019-2021 BUDGET -- NOT READY FOR INTRODUCTION

SA Xlet Put

1

No den.

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

### Analysis by the Legislative Reference Bureau

Currently, each hospital that is not a critical access hospital must pay an assessment for the privilege of doing business in Wisconsin. The percentage of gross patient revenues that each hospital must pay is adjusted so that the total amount of assessments collected for all hospitals that are not critical access hospitals totals \$414,507,300 in each state fiscal year. Current law requires DHS to use a portion of this total to pay for services provided by hospitals under the Medical Assistance Program and to make payments to hospitals, including the federal and state share of Medical Assistance, equalling the amount collected from hospitals divided by 61.68 percent. This bill decreases the 61.68 percent to 53.69 percent thus increasing the amount of payments that must be made to hospitals under the Medical Assistance program.

For further information see the *state* 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 (3) (e) 11. of the statutes is amended to read:

49.45 (3) (e) 11. The department shall use a portion of the moneys collected under s. 50.38 (2) (a) to pay for services provided by eligible hospitals, as defined in s. 50.38 (1), other than critical access hospitals, under the Medical Assistance Program under this subchapter, including services reimbursed on a fee-for-service basis and services provided under a managed care system. For state fiscal year 2008-09, total payments required under this subdivision, including both the federal and state share of Medical Assistance, shall equal the amount collected under s. 50.38 (2) (a) for fiscal year 2008-09 divided by 57.75 percent. For each state fiscal year after state fiscal year 2008-09, total payments required under this subdivision, including both the federal and state share of Medical Assistance, shall equal the amount collected under s. 50.38 (2) (a) for the fiscal year divided by 61.68 53.69 percent.

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. 118s. 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, 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; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1496; 2303 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 1912 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 186, 190, 221, 334, 342; 2011 a. 10, 32, 120, 126, 158, 192, 209, 258; 2011 a. 260 s. 81; 2013 a. 20, 92; 2013 a. 116 ss. 2, 3, 29, 30; 2013 a. 117 ss. 2, 4; 2013 a. 130; 2013 a. 165 s. 114; 2013 a. 226; 2015 a. 55, 152, 153, 172, 294; 2017 a. 34, 59, 138, 185, 262, 268, 271, 279, 306, 344, 370; s. 13.92 (1) (bm) 2.

Cross-reference: See also chs. HA 3 and DHS 35, 101, 102, 103, 104, 105, 106, 107, and 108, Wis. adm. code.

### Dodge, Tamara

From:

Ames, Kyle - DOA

Sent:

Monday, February 18, 2019 4:04 PM

To:

Dodge, Tamara

Cc:

Dombrowski, Cynthia A - DOA

Subject:

1915/P1

Tami:

In s. 49.45 (3) (e) 12, please change the proportion that the Critical Access Hospital access payments are divided by to reflect the change in section (3)(e)(11): 53.69.

Thanks, Kyle



KYLE AMES | Executive Budget and Policy Analyst
Department of Administration
Division of Executive Budget and Finance
Kyle.Ames@wisconsin.gov
Main: (608) 266-2214 |



### State of Misconsin 2019 - 2020 LEGISLATURE



DOA:.....Ames, BB0310 - Hospital access payments

### FOR 2019-2021 BUDGET -- NOT READY FOR INTRODUCTION

Puf -

1

No gen

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

Insert Al

## Analysis by the Legislative Reference Bureau HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

including each

1. Hospital assessment

Currently, each hospital that is not a critical access hospital must pay an assessment for the privilege of doing business in Wisconsin. The percentage of gross patient revenues that each hospital must pay is adjusted so that the total amount of assessments collected for all hospitals that are not critical access hospitals totals \$414,507,300 in each state fiscal year. Current law requires DHS to use a portion of this total to pay for services provided by hospitals under the Medical Assistance program and to make payments to hospitals, including the federal and state share of Medical Assistance, equaling the amount collected from hospitals divided by 61.68 percent. This bill decreases the 61.68 percent to 53.69 percent, thus increasing the amount of payments that must be made to hospitals under the Medical Assistance program.

For further information see the **state** 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:

In a total -

1

 $\mathbf{2}$ 

3

4

5

6

7

8

9

10

11

12

13

**SECTION 1.** 49.45 (3) (e) 11. of the statutes is amended to read:

49.45 (3) (e) 11. The department shall use a portion of the moneys collected under s. 50.38 (2) (a) to pay for services provided by eligible hospitals, as defined in s. 50.38 (1), other than critical access hospitals, under the Medical Assistance Program under this subchapter, including services reimbursed on a fee-for-service basis and services provided under a managed care system. For state fiscal year 2008-09, total payments required under this subdivision, including both the federal and state share of Medical Assistance, shall equal the amount collected under s. 50.38 (2) (a) for fiscal year 2008-09 divided by 57.75 percent. For each state fiscal year after state fiscal year 2008-09, total payments required under this subdivision, including both the federal and state share of Medical Assistance, shall equal the amount collected under s. 50.38 (2) (a) for the fiscal year divided by 61.68 53.69 percent.

Inser+2-14

(END)



 $\mathbf{2}$ 

3

 $\mathbf{4}$ 

5

7

8

9

10

11

12

13

14

### 2019-2020 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

LRB-1915/P2ins
TJD:... \( \int \)

#### 1 INSERT A1

The same percentage of gross patient revenues is also assessed on critical access hospitals, though the amount is collected separately from and deposited into a separate fund from other hospitals.

END INSERT AT

INSERT A2

Similarly, current law requires DHS to use a portion of the amount collected from critical access hospitals to make payments to critical access hospitals for Medical Assistance services in a total amount that equals the amount collected from critical access hospitals divided by 61.68 percent.

**END INSERT A2** 

INSERT 2-14

**SECTION 1.** 49.45 (3) (e) 12. of the statutes is amended to read:

that of

>49.45 (3) (e) 12. The department shall use a portion of the moneys collected under s. 50.38 (2) (b) to pay for services provided by critical access hospitals under the Medical Assistance Program under this subchapter, including services reimbursed on a fee-for-service basis and services provided under a managed care system. For each state fiscal year, total payments required under this subdivision, including both the federal and state share of Medical Assistance, shall equal the amount collected under s. 50.38 (2) (b) for the fiscal year divided by 61.68 53.69 percent.

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. 38; 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, 2909j; 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, 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; 2003 a. 33, 18, 321; 2005 a. 22; 2005 a. 25; ss. 1120 to 149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 411, 153; 2009 a. 2, 28, 113, 177, 186, 190, 221, 334, 342; 2011 a. 10, 32, 120, 126, 158, 192, 209, 258; 2011 a. 260 s. 81; 2013 a. 20, 92; 2013 a. 116 ss. 2, 3, 29, 30; 2013 a. 117 ss. 2, 4; 2013 a. 130; 2013 a. 165 s. 114; 2013 a. 226; 2015 a. 55, 152, 153, 172, 294; 2017 a. 34, 59, 138, 185, 262, 268, 271, 279, 306, 344, 370; s. 13.92 (1) (bm) 2.



### State of Misconsin 2019 - 2020 LEGISLATURE

LRB-1915/P2 TJD:amn

DOA:.....Ames, BB0310 - Hospital access payments

### FOR 2019-2021 BUDGET -- NOT READY FOR INTRODUCTION

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

# Analysis by the Legislative Reference Bureau HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

### 1. Hospital assessment

Currently, each hospital, including each critical access hospital, must pay an assessment for the privilege of doing business in Wisconsin. The percentage of gross patient revenues that each hospital must pay is adjusted so that the total amount of assessments collected for all hospitals that are not critical access hospitals totals \$414,507,300 in each state fiscal year. The same percentage of gross patient revenues is also assessed on critical access hospitals, though the amount is collected separately from and deposited into a separate fund from that of other hospitals. Current law requires DHS to use a portion of this total to pay for services provided by hospitals under the Medical Assistance program, including the federal and state share of Medical Assistance, in a total amount that equals the amount collected from hospitals divided by 61.68 percent. Similarly, current law requires DHS to use a portion of the amount collected from critical access hospitals to make payments to critical access hospitals for Medical Assistance services in a total amount that equals the amount collected from critical access hospitals divided by 61.68 percent. This bill decreases the 61.68 percent to 53.69 percent, thus increasing the amount of payments that must be made to critical access hospitals and other hospitals under the Medical Assistance program.

 $\mathbf{2}$ 

For further information see the **state** 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 (3) (e) 11. of the statutes is amended to read:

49.45 (3) (e) 11. The department shall use a portion of the moneys collected under s. 50.38 (2) (a) to pay for services provided by eligible hospitals, as defined in s. 50.38 (1), other than critical access hospitals, under the Medical Assistance Program under this subchapter, including services reimbursed on a fee-for-service basis and services provided under a managed care system. For state fiscal year 2008-09, total payments required under this subdivision, including both the federal and state share of Medical Assistance, shall equal the amount collected under s. 50.38 (2) (a) for fiscal year 2008-09 divided by 57.75 percent. For each state fiscal year after state fiscal year 2008-09, total payments required under this subdivision, including both the federal and state share of Medical Assistance, shall equal the amount collected under s. 50.38 (2) (a) for the fiscal year divided by 61.68 53.69 percent.

**Section 2.** 49.45 (3) (e) 12. of the statutes is amended to read:

49.45 (3) (e) 12. The department shall use a portion of the moneys collected under s. 50.38 (2) (b) to pay for services provided by critical access hospitals under the Medical Assistance Program under this subchapter, including services reimbursed on a fee-for-service basis and services provided under a managed care system. For each state fiscal year, total payments required under this subdivision, including both the federal and state share of Medical Assistance, shall equal the

- amount collected under s. 50.38 (2) (b) for the fiscal year divided by 61.68 53.69
- 2 percent.

3 (END)