

2019 DRAFTING REQUEST**Bill**

For: **Administration-Budget** Drafter: **tdodge**
 By: **Ames** Secondary Drafters:
 Date: **2/14/2019** May Contact:

Same as LRB:

Submit via email: **YES**
 Requester's email:
 Carbon copy (CC) to: **doasbostatlanguage@wisconsin.gov**
tamara.dodge@legis.wisconsin.gov
sarah.walkenhorstbarber@legis.wisconsin.gov

Pre Topic:

DOA:.....Ames, BB0378 -

Topic:

Rural critical care access supplement

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	tdodge 2/14/2019	ccarmich 2/15/2019			
/P1	tdodge 2/19/2019	ccarmich 2/19/2019	jmurphy 2/15/2019		State
/P2			jmurphy 2/19/2019		State

FE Sent For:

<END>

Dodge, Tamara

From: Cathlene Hanaman <cathleneh@gmail.com>
Sent: Thursday, February 14, 2019 6:02 PM
To: Dodge, Tamara; Walkenhorst Barber, Sarah
Subject: Fwd: Statutory Language Drafting Request - 2019-21

Sent from my iPhone

Begin forwarded message:

Biennial Budget: 2019-21

Topic: Rural Critical Care Access Supplement

Tracking Code: BB0378

SBO Team: HSI

SBO Analyst: Ames, Kyle
Phone: (608) 266-2214
E-mail: kyle.ames@wisconsin.gov

Agency Acronym: 435

Agency Number: 435

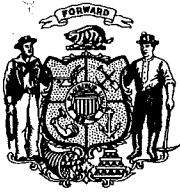
Priority: Low

Intent:

Please reference s. 49.45(3p)(a), to reflect an increase of the state share from \$250,000 to \$500,000 annually.

Attachments: False

Please send completed drafts to SBOSatlanguage@spsmail.enterprise.wistate.us



State of Wisconsin
2019 - 2020 LEGISLATURE

LRB-2055?
TJD: ...
cdc

In: 2/14

DOA:.....Ames, BB0378 - Rural critical care access supplement

FOR 2019-2021 BUDGET -- NOT READY FOR INTRODUCTION

SLA ✓
x-ref ✓
S/C ✓

1 AN ACT ^φ relating to: the budget.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

^{NR} **#. Rural critical care access hospital supplemental payment**

This bill increases the amount of payments made to rural critical care access hospitals. Currently, DHS pays rural critical care access hospitals a Medical Assistance fee-for-service supplemental payment in a total amount of \$250,000 as the state share of payments plus the matching federal share of payments. A hospital must satisfy the following criteria to be eligible for this supplemental payment: the Wisconsin hospital serves a disproportionate share of low-income patients and meets the federal qualifications to be considered a disproportionate share hospital, the hospital provides a wide array of services including emergency department services but excluding obstetric services, and the inpatient days for Medical Assistance recipients at the hospital are at least 6 percent of the total inpatient days at that hospital during the most recent year for which such information is available. The bill increases to \$500,000 the total amount of the state share of payments for the rural critical care access hospital supplement.

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:

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

2 49.45 (3p) (a) Subject to par. (c) and notwithstanding sub. (3) (e), from the
3 appropriations under s. 20.435 (4) (b) and (o), in each fiscal year, the department
4 shall pay to hospitals that would meet the criteria under sub. (3m) (a) except that the
5 hospitals do not provide obstetric services an amount equal to the sum of \$250,000
6 \$500,000, as the state share of payments, and the matching federal share of
7 payments. The department may make a payment to a hospital under this subsection
8 under a calculation method determined by the department that provides a
9 fee-for-service supplemental payment that increases as the hospital's percentage of
10 inpatient days for Medical Assistance recipients at the hospital increases.

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; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 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, 141, 153; 2009 a. 2, 28, 113, 177, 180, 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; 2013 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.

11

(END)

Dodge, Tamara

From: Ames, Kyle - DOA
Sent: Tuesday, February 19, 2019 1:04 PM
To: Dodge, Tamara
Cc: Dombrowski, Cynthia A - DOA
Subject: RE: 2055/P1
Attachments: Rural Critical Care Access Supplement Changes.docx

Tami:

Please use the attached draft to serve as a guide for changes to the -2055.

The intent is to change the inpatient day threshold to total charges, and to remove the OB requirement.

Please let us know if you have any questions.

Kyle

(3p) RURAL CRITICAL CARE ACCESS SUPPLEMENT.

49.45(3p)(a)(a) Subject to par. (c) and notwithstanding sub. (3) (e), from the appropriations under s. 20.435 (4) (b) and (o), in each fiscal year, the department shall pay to hospitals that are not eligible for payments under sub. (3m) but meet the criteria under sub. (3m)(a)1. and 2., ~~would meet the criteria under sub. (3m)(a) except that the hospitals do not provide obstetric services and charged the Medicaid program the amount charged by the hospital~~ for services provided by the hospital to Medicaid recipients was at least six percent of the hospital's overall charges for services provided to the hospital's patients during the most recent year for which such information is available an amount equal to the sum of \$2500,000, as the state share of payments, and the matching federal share of payments. The department may make a payment to a hospital under this subsection under a calculation method determined by the department that provides a fee-for-service supplemental payment that increases as the amount the hospital charges the Medicaid program increases as a percentage of the hospital's overall charges for services provided to the hospital's patients as the hospital's percentage of inpatient days for Medical Assistance recipients at the hospital increases.



eP2

In: 2/19

DOA:.....Ames, BB0378 - Rural critical care access supplement

FOR 2019-2021 BUDGET -- NOT READY FOR INTRODUCTION

a hospital's
The bill changes the criteria for eligibility for the rural critical care access supplement to the following: the hospital is not eligible for a disproportionate share hospital payment; the hospital is located in Wisconsin and provides a wide array of services, including emergency department services; and the percentage of the hospital's overall charges for service that are charges to the Medical Assistance program for services provided to medical assistance recipients is at least ~~six~~ percent.

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

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

1. Rural critical care access hospital supplemental payment

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8 under a calculation method determined by the department that provides a
9 fee-for-service supplemental payment that increases as the hospital's percentage of
10 inpatient days for Medical Assistance recipients at the hospital increases.

11 (END)

the total amount of the hospital's overall charges that are charges to the Medical Assistance program ^{for services}
1. and 2. and that charged ^{in the most recent year for which information is available;}
at least 6 percent of overall charges for services to the Medical Assistance program for services provided to Medical Assistance recipients



State of Wisconsin
2019 - 2020 LEGISLATURE

LRB-2055/P2
TJD:cdc

DOA:.....Ames, BB0378 - Rural critical care access supplement

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