
A BILL FOR AN ACT

RELATING TO MEDICAID HOSPITAL AND LONG-TERM CARE REIMBURSEMENTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Hawaii's health care system consists of a
2 myriad of services that must be coordinated and integrated to
3 ensure access to quality care at the appropriate level for all
4 of Hawaii's residents. A single user of health care often
5 accesses different providers that deliver different products and
6 services, and may transition from one level of care to another
7 over a period of time.

8 Acute care hospitals deliver care to the most seriously ill
9 patients. As such, the cost of hospital care is very high due
10 to high staffing costs, the high costs of technology that
11 permeate hospitals to pay for equipment and supplies, and the
12 high costs of medication and regulatory and quality
13 requirements. Patients who receive care at hospitals and
14 recover enough of their health so that they no longer require
15 hospitalization, but are still in need of services, should be
16 transferred out of the hospital to a provider that can
17 appropriately and safely care for their needs. Such a transfer
18 supports an improved quality of life for the patient and



1 sustains the integrity of the acute care system by creating
2 availability for others who may require hospitalization. This
3 balanced flow of patient movement matches the appropriate
4 provider to the needs of the patient. In doing so, it better
5 manages the financing of health care.

6 The determination of an appropriate level of care is based
7 on the patient's condition and input from a multi-disciplinary
8 care team. The provision of long-term care, either in a
9 facility or in a home- and community-based setting, is far less
10 costly than hospital care.

11 Unfortunately, due to unique and unusual circumstances,
12 Hawaii has a shortage of beds in nursing facilities relative to
13 its population. Most of Hawaii's long-term care facilities,
14 including skilled nursing facilities, assisted living
15 facilities, adult residential care homes, and foster family
16 homes, are full nearly all of the time. Placement in long-term
17 care is especially difficult when a patient has a medically
18 complex condition that demands resources that are not available
19 at many long-term care facilities in Hawaii. As a result, many
20 acute care hospital patients who are ready for long-term care
21 cannot be discharged and must wait in the acute care hospital
22 bed until space becomes available.



1 The shortage of long-term care beds is an undesirable
2 situation from three perspectives. First, the quality of life
3 of the patient is diminished. Second, a patient in an acute
4 care hospital who is waitlisted for long-term care occupies a
5 bed that may be needed by someone else with an acute illness or
6 injury. Lastly, hospital care is very expensive, so the
7 waitlisted patient contributes to higher costs in an acute care
8 hospital.

9 Hawaii's medicaid program can be modified to facilitate the
10 flow of patients from acute care hospitals to long-term care
11 facilities. When a medicaid-eligible patient is treated by an
12 acute care hospital, medicaid pays a rate for hospital care.
13 The payment is based upon the level of care needed by the
14 patient. When the patient is well enough to be transferred to
15 long-term care, the medicaid payment is reduced to a rate that
16 is 20 to 30 per cent of the actual cost of acute care
17 hospitalization. If the hospital is not able to transfer the
18 patient to long-term care, the hospital must bear the financial
19 burden of the reduced medicaid payments. In addition, the
20 inability to transfer a patient who is deemed ready for
21 discharge by a physician means that the waitlisted patient uses
22 an acute care bed that may be needed by other, more acutely ill



1 patients. Thus, there is an opportunity cost to the hospital
2 and the patients.

3 At any particular time, approximately 200 patients in
4 Hawaii's hospitals are waiting to be transferred to long-term
5 care. Patients with certain conditions have been on the
6 waitlist for weeks, months, or even years. The total loss to
7 hospitals due to waitlisted patients was estimated to be at
8 least \$80,000,000 in 2006.

9 A significant part of that loss is due to underpayment by
10 medicaid. The underpayment is unfair to acute care hospitals
11 because medicaid is, in effect, a public-private partnership.
12 The public sector provides the funding, and the private sector
13 provides the services. As a result of the underpayment, acute
14 care hospitals and long-term care facilities are weakened
15 financially, and the stability of Hawaii's entire health care
16 system is compromised.

17 In the past, acute care hospitals were able to absorb
18 medicaid losses since payments from commercial and other payers
19 helped to offset the under-funded costs of care for medicaid
20 patients. Over time, the cost of healthcare has increased at a
21 faster rate than increases in payments from all payers. In
22 addition, significant enhancements in medical technology over



1 the past several years have placed a greater expectation for
2 acute care hospitals to invest in medical equipment and
3 information technology.

4 As a result, acute care hospitals are no longer able to
5 cover the underpaid cost of caring for medicaid patients and
6 adequately invest in medical technology.

7 The result is that many acute care hospitals are on the verge of
8 financial failure. For example, Kahuku hospital would have
9 ceased operations due to bankruptcy if it were not annexed by
10 the Hawaii health systems corporation, which is subsidized by
11 state government. One of the major reasons given for Kahuku
12 hospital's financial troubles was underpayment by medicaid. The
13 Hawaii health systems corporation itself is seeking an emergency
14 appropriation largely because of losses due to underpayment by
15 medicaid. All hospitals in Hawaii face the same problem.

16 Acute care hospitals must be supported financially so that
17 they can continue to care for our acutely ill while longer term
18 solutions to the waitlisted patient problem are being developed.
19 As described more fully in the Waitlist Task Force report to the
20 2008 legislature, pursuant to Senate Concurrent Resolution
21 No. 198 (2007), this is one piece of the problem. The multi-



1 faceted waitlist problem is being addressed from a number of
2 angles, both legislatively and non-legislatively.

3 In addition, medicaid payments for long-term care must be
4 addressed, with payments for individuals with medically complex
5 conditions, such as bariatric patients and severely obese
6 patients, needing immediate attention. These payments should be
7 cost-based since the current system of acuity-based
8 reimbursement does not effectively address these types of
9 patients.

10 Furthermore, medicaid managed care (QUEST expanded) is
11 projected to begin in November 2008. Long-term care providers
12 will need to negotiate rates with managed care plans.
13 Historical patterns in other states where managed care entered
14 the market resulted in long-term care facility closures due to
15 low payments for long-term care. The 2008 medicaid
16 reimbursement rates for long-term care facilities in Hawaii, as
17 established by medicaid on January 1, 2008, should be
18 established as the base rate for all future negotiations with
19 managed care companies. These rates should be the lowest
20 allowable to long-term care providers in future negotiations
21 under QUEST expanded. This assurance will maintain Hawaii's
22 current level of nursing home providers, as well as be an



1 incentive for interested entrepreneurs to expand current
2 operations or consider adding additional long-term care beds in
3 Hawaii in response to the demand for post acute care.

4 The purpose of this Act is to provide fair compensation to
5 acute care hospitals for the service they provide to medicaid
6 patients who have been treated for acute illnesses and injuries
7 and who have recovered sufficiently so that they may be
8 transferred to long-term care, but for whom long-term care is
9 not available. In addition, this Act provides fair compensation
10 to long-term care facilities for patients in acute hospitals
11 with medically complex conditions when their level of care
12 changes from acute to long-term care. This Act also ensures
13 that when QUEST expanded is implemented, long-term care
14 facilities will receive medicaid payments that are at least
15 equal to the rates in effect immediately prior to the
16 implementation of QUEST expanded.

17 SECTION 2. Chapter 346, Hawaii Revised Statutes, is
18 amended by adding a new section to be appropriately designated
19 and to read as follows:

20 "§346- Medicaid reimbursements. (a) Medicaid
21 reimbursements to hospitals for patients occupying acute-



1 licensed beds who are waitlisted for long-term care shall be
2 equal to the acute medical services payment rate.

3 (b) Medicaid reimbursements to facilities with long-term
4 care beds for patients with medically complex conditions who,
5 prior to admission to the facility were receiving acute care
6 services in an acute hospital, shall include a separate rate for
7 complex medical patients that shall be forty per cent more than
8 the current rate. As used in this subsection, "medically
9 complex condition" means a combination of chronic physical
10 conditions, illnesses, or other medically related factors that
11 significantly impact an individual's health and manner of living
12 and cause reliance upon technological, pharmacological, and
13 other therapeutic interventions to sustain life.

14 (c) Reimbursements received by hospitals and facilities
15 with long-term care beds under QUEST expanded shall be no less
16 than those received under medicaid immediately prior to the
17 implementation of QUEST expanded."

18 SECTION 3. There is appropriated out of the general
19 revenues of the State of Hawaii the sum of \$ or so
20 much thereof as may be necessary for fiscal year 2008-2009 for
21 increased medicaid reimbursements to hospitals and facilities
22 with long-term care beds.

1 The sum appropriated shall be expended by the department of
2 human services for the purposes of this Act.

3 SECTION 4. New statutory material is underscored.

4 SECTION 5. This Act shall take effect on July 1, 2050, and
5 shall be repealed on June 30, 2013.



S.B. NO. 3258
S.D. 3
H.D. 1

Report Title:

Medicaid Hospital and Long-term care Reimbursements;
Appropriations

Description:

Establishes reimbursement guidelines and provides appropriations for medicaid to hospitals and facilities with long-term care beds. Effective 07/01/2050. Repealed 06/30/2013. (SB3258 HD1)

SB3258 HD1 HMS 2008-3039

