

JAN 20 2012

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# A BILL FOR AN ACT

RELATING TO LONG-TERM CARE FACILITIES.

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

1           SECTION 1. Long-term care facilities in the State face  
2 major financial challenges in providing quality health care for  
3 Hawaii residents. These challenges are largely the result of  
4 payments to medicaid enrollees for care that do not cover the  
5 actual costs of care. The legislature finds that federal  
6 funding to help sustain Hawaii's long-term care facilities  
7 financially may be accessed through a provider fee.

8           Provider fees exist in forty-six states and the District of  
9 Columbia as a means of drawing down federal funds to sustain  
10 their medicaid programs due to rising state budget deficits,  
11 increasing health care costs, and expanding medicaid rolls.  
12 Implementation of a provider fee in Hawaii would help stabilize  
13 declining medicaid payments to facilities and slow the erosion  
14 of access to care for beneficiaries served by the program.

15           Medicaid is jointly financed by the federal and state  
16 government, but by statutory formula, the federal government  
17 pays between fifty per cent and seventy-six per cent of medicaid  
18 costs incurred by states for care delivered to their medicaid



1 beneficiaries. Federal assistance percentages vary by state,  
2 with states that have lower per capita incomes receiving higher  
3 federal matching rates. Under federal rules, the state share  
4 must be public funds that are not federal funds.

5 Provider fees, which are collected from specific categories  
6 of health care providers that agree to the fee, may be imposed  
7 on nineteen different classes of health care services, including  
8 inpatient and outpatient hospital and nursing facility services.  
9 However, there are limitations on the way provider fees are  
10 structured. The Medicaid Voluntary Contribution and Provider-  
11 Specific Tax Amendments of 1991 (P.L. 102-234), passed by  
12 Congress in 1991, imposes the following requirements:

13 (1) Broad-based. To be considered broad-based, a provider  
14 fee must be imposed on all health care items or  
15 services furnished by all non-federal, non-public  
16 providers in the class in the State. Provider fee  
17 programs may exclude public facilities without  
18 violating federal law;

19 (2) Uniformly imposed. In general, a provider fee is  
20 uniformly imposed if it is the same amount or rate for  
21 each provider in the class; and



1           (3) Hold harmless prohibition. States may not hold  
2           providers harmless. A provider fee is considered to  
3           hold the provider harmless if the providers paying the  
4           fee receive, directly or indirectly, a non-medicaid  
5           payment from the state or any offset or waiver that  
6           guarantees to hold the provider harmless for all or a  
7           portion of the fee. A provider fee is also considered  
8           to hold the provider harmless if the medicaid payments  
9           to the provider vary based only on the amount of the  
10          fees paid by the provider.

11          The maximum provider fee a state may receive is currently  
12          six per cent of net patient revenue. A number of proposals have  
13          been made, but not implemented, to eliminate medicaid provider  
14          fee programs in order to reduce the federal deficit. However,  
15          since provider fees are used by so many states, many of those  
16          who are knowledgeable about this subject view elimination of  
17          provider fees as unlikely due to strong political support for  
18          the fees. A more realistic expectation is a reduction of the  
19          provider fee maximum, as proposed by President Barack Obama's  
20          fiscal year 2012 budget, which would reduce the maximum to three  
21          and one-half per cent in 2017. This proposal recognizes that



1 provider fees are essential for most states to maintain a  
2 stable, functioning medicaid program.

3 In Hawaii, a provider fee would increase medicaid payments  
4 at a time when constraints on the State's budget have forced a  
5 reduction in payments and benefits. The additional federal  
6 funds obtained via the fee program would reduce the amount of  
7 losses incurred by nursing facilities. As such, the provider  
8 fee would help preserve access to health care for the medicaid  
9 population and sustain the State's entire health care system.

10 The purpose of this Act is to ensure access to health care  
11 for medicaid recipients by establishing a nursing facility  
12 sustainability fee and a special fund to receive moneys from the  
13 nursing facility sustainability fee in order to receive federal  
14 medicaid matching funds under the QUEST expanded medicaid  
15 section 1115 demonstration waiver.

16 SECTION 2. The Hawaii Revised Statutes is amended by  
17 adding a new chapter to be appropriately designated and to read  
18 as follows:

19 **"CHAPTER**

20 **NURSING FACILITY SUSTAINABILITY PROGRAM**

21 **§ -1 Title.** This chapter shall be known and may be  
22 cited as the "Nursing Facility Sustainability Program Act".



1           **§ -2 Findings and declaration of necessity.** It is the  
2 intent of the legislature to encourage the maximum drawdown of  
3 federal medicaid funds by establishing a special fund within the  
4 state treasury to receive revenue from the nursing facility  
5 sustainability fee and to use it to receive federal medicaid  
6 matching funds under the section 1115 waiver.

7           **§ -3 Definitions.** As used in this chapter:

8           "Department" means the department of human services.

9           "Medicare resident days" means those resident days funded  
10 by the medicare program, a medicare advantage or special needs  
11 plan, a medicare cost plan, or the medicare hospice program.

12           "Net patient service revenue" means gross inpatient  
13 revenues from services provided to nursing facility patients  
14 less reductions from gross inpatient revenue resulting from an  
15 inability to collect payment of charges. Inpatient service  
16 revenue excludes non-patient care revenues, such as revenues  
17 from beauty and barber services, vending income, interest and  
18 contributions, revenues from sale of meals, and all outpatient  
19 revenues. Reductions from gross revenue include bad debt;  
20 contractual adjustments; uncompensated care; administrative,  
21 courtesy, and policy discounts and adjustments; and other such  
22 revenue deductions.



1 "Nursing facility" means any facility licensed pursuant to  
2 chapter 11-94.1, Hawaii administrative rules.

3 "Resident day" means a calendar day of care provided to a  
4 nursing facility resident, including the day of admission and  
5 excluding the day of discharge; provided that one resident day  
6 shall be deemed to exist when admission and discharge occur on  
7 the same day. A resident day includes a day on which a bed is  
8 held for a patient and for which the facility receives  
9 compensation for holding the bed.

10 **§ -4 Nursing facility sustainability program special**  
11 **fund.** (a) There is created in the state treasury the nursing  
12 facility sustainability program special fund to be administered  
13 by the department into which shall be deposited all moneys  
14 collected under this chapter.

15 (b) Moneys in the special fund shall consist of:  
16 (1) All revenues collected or received by the department  
17 from the nursing facility sustainability fee required  
18 by this chapter;  
19 (2) All federal matching funds received by the department  
20 as a result of expenditures made by the department  
21 that are attributable to moneys deposited into the  
22 special fund;



1 (3) Any interest or penalties levied in conjunction with  
2 the administration of this chapter; and

3 (4) Any appropriations, federal funds, donations, gifts,  
4 or moneys from any other sources.

5 (c) Revenue from the nursing facility sustainability fee  
6 shall be used exclusively as follows:

7 (1) No less than ninety-five per cent of the revenue from  
8 the nursing facility sustainability fee shall be used  
9 to match federal medicaid funds, with the combined  
10 total to be used to enhance capitated rates to the  
11 QUEST and QUEST expanded access plans for the purpose  
12 of increasing medicaid nursing facility payments to  
13 the maximum permitted by federal law; and

14 (2) An amount not to exceed five per cent of the revenue  
15 from the nursing facility sustainability fee shall be  
16 used to pay administrative expenses.

17 **§ -5 Nursing facility sustainability fee. (a)**

18 Effective July 1, 2012, the department shall charge and collect  
19 a provider fee on health care items or services provided by  
20 nursing facilities.



1 (b) The nursing facility sustainability fee shall be based  
2 on the net patient service revenue of all nursing facilities  
3 that are subject to the sustainability fee.

4 (c) The nursing facility sustainability fee shall not  
5 exceed three per cent of net patient service revenue and shall  
6 be calculated and paid on a per resident day basis exclusive of  
7 medicare part A resident days. The per resident day fee shall  
8 be the same amount for each affected facility, except as  
9 prescribed in subsection (d) (2).

10 (d) In accordance with the redistribution method set forth  
11 in title 42 Code of Federal Regulations section 433.68(e) (1) and  
12 (2), the department shall seek a waiver of the broad-based and  
13 uniform provider fee requirements under federal law to exclude  
14 certain nursing facilities from the sustainability fee and to  
15 permit certain high volume medicaid nursing facilities or  
16 facilities with a high number of total annual patient days to  
17 pay the sustainability fee at a lesser amount per non-medicare  
18 resident day, as follows:

19 (1) The department shall exempt the following nursing  
20 facility providers from the nursing facility  
21 sustainability fee subject to federal approval under





1 title 42 Code of Federal Regulations section  
2 433.68(e)(2):  
3 (A) Nursing facilities with forty-six or fewer beds;  
4 and  
5 (B) Nursing facilities owned or operated by the  
6 federal government; and  
7 (2) The department shall reduce the fee for high volume  
8 medicaid nursing facilities and facilities with high  
9 patient volumes that meet the redistributive tests of  
10 title 42 Code of Federal Regulations section  
11 433.68(e)(2).

12 **§ -6 Nursing facility sustainability fee assessment.**

13 (a) Nursing facilities shall pay the nursing facility  
14 sustainability fee to the nursing facility sustainability  
15 program special fund in accordance with this chapter.

16 (b) The department shall determine, in conjunction with  
17 the Healthcare Association of Hawaii and the Hawaii Long-Term  
18 Care Association, the fee rate prospectively for the applicable  
19 fiscal year on a per-resident-day basis, exclusive of medicare  
20 resident days.

21 (c) The department shall collect, and each nursing  
22 facility shall pay, the nursing facility sustainability fee on a



1 calendar quarter basis, subject to the terms of this section.  
2 The fee shall be due quarterly with the initial payment due  
3 within forty-five days after the state plan has been approved by  
4 the Centers for Medicare and Medicaid Services. Subsequent  
5 quarterly payments are due no later than forty-five days after  
6 the end of the calendar quarter.

7       **§ -7 Federal approval.** The department shall seek a  
8 broad-based and uniformity waiver and other approvals from the  
9 Centers for Medicare and Medicaid Services that may be necessary  
10 to implement the nursing facility sustainability program.

11       **§ -8 Multifacility locations.** If an entity conducts,  
12 operates, or maintains more than one nursing facility, the  
13 entity shall pay the nursing facility sustainability fee for  
14 each nursing facility separately.

15       **§ -9 Penalties for failure to pay nursing facility**  
16 **sustainability fee.** (a) If a nursing facility fails to pay the  
17 full amount of the nursing facility sustainability fee when due,  
18 there shall be added to the fee, unless waived by the department  
19 for reasonable cause, a penalty equal to five per cent of the  
20 fee that was not paid when due. Any subsequent payments shall  
21 be credited first to unpaid fee amounts rather than to penalty



1 or interest amounts, beginning with the most delinquent  
2 installment.

3 (b) In addition to the penalty identified in this section,  
4 the department may seek any of the following remedies for  
5 failure of any nursing facility to pay its fee when due:

6 (1) Withholding any medical assistance reimbursement  
7 payments until such time as the fee amount is paid in  
8 full;

9 (2) Suspension or revocation of the nursing facility  
10 license; or

11 (3) Development of a plan that requires the nursing  
12 facility to pay any delinquent fee in installments.

13 **§ -10 Enhanced rates to QUEST and QUEST expanded access**  
14 **plans.** (a) In accordance with title 42 Code of Federal

15 Regulations section 438, the department shall use revenues from  
16 the nursing facility sustainability fee and federal matching  
17 funds to enhance the capitated rates paid to the QUEST and QUEST  
18 expanded access plans for the subject fiscal year consistent  
19 with the following objectives:

20 (1) The rate enhancement shall be used exclusively for  
21 increasing nursing facility reimbursements to support



1 the availability of services and to ensure access to  
2 care to QUEST and QUEST expanded access enrollees;

3 (2) The rate enhancement shall be made part of the monthly  
4 capitated rates by the department to the QUEST and  
5 QUEST expanded access plans, which shall provide  
6 documentation to the department certifying that the  
7 revenues received under paragraph (1) are used in  
8 accordance with this section;

9 (3) The QUEST and QUEST expanded access plans shall use  
10 the rate enhancement to reimburse nursing facilities  
11 based on the inpatient use of their QUEST and QUEST  
12 expanded access enrollees, as follows:

13 (A) First, to cover the QUEST and QUEST expanded  
14 access share of the nursing facility  
15 sustainability fee paid by the facilities; and

16 (B) Second, to cover the inpatient use of their QUEST  
17 and QUEST expanded access enrollees; and

18 (4) The rate enhancement shall be actuarially sound and  
19 approved by the federal government for federal fund  
20 participation.



1           **§ -11 Termination.** (a) Collection of the nursing  
2 facility sustainability fee under section -5 of this chapter  
3 shall be discontinued if:

4           (1) The nursing facility sustainability program or the  
5 waiver in section -5 of this chapter is not approved  
6 by the Centers for Medicare and Medicaid Services;

7           (2) The department reduces funding for nursing facility  
8 services below the state appropriation in effect on  
9 June 30, 2012;

10          (3) The department or any other state agency uses the  
11 money in the special fund for any use other than the  
12 uses permitted pursuant to this chapter; or

13          (4) Federal financial participation to match the nursing  
14 facility sustainability fee becomes unavailable under  
15 federal law. In such case, the department shall  
16 terminate the collection of the fee beginning on the  
17 effective date of the federal statutory, regulatory,  
18 or interpretive change.

19          (b) If collection of the nursing facility sustainability  
20 fee is discontinued as provided in this section, all money in  
21 the special fund shall be returned to the nursing facilities



1 from which the fee was collected on the same basis as the fee  
2 was assessed.

3       **§ -12 Severability.** If any provision of this chapter or  
4 the application thereof to any person or circumstances is held  
5 invalid, the invalidity shall not affect other provisions or  
6 applications of the chapter which can be given effect without  
7 the invalid provision or application, and to this end the  
8 provisions of this chapter are severable."

9       SECTION 3. This Act shall take effect on July 1, 2012, and  
10 shall be repealed on June 30, 2013.

11

INTRODUCED BY:

Josh [Signature]  
Shiranne Chun Oakland



# S.B. NO. 2466

**Report Title:**

Long-Term Care Facilities; Nursing Sustainability Fee; Nursing Facility Sustainability Program Special Fund

**Description:**

Establishes the Nursing Facility Sustainability Program Special fund into which nursing facility sustainability fees shall be deposited. Requires the department of human services to charge and collect a provider fee on health care items or services provided by nursing facilities. Effective July 1, 2012, and repealed on June 30, 2013.

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

