



HOUSE COMMITTEE ON APPROPRIATIONS

FISCAL NOTE

HOUSE BILL NO. 1012

PRINTERS NO. 1051

PRIME SPONSOR: O'Neal

COST / (SAVINGS)

FUND	FY 2020/21	FY 2021/22
General Fund	See Fiscal Impact	See Fiscal Impact

SUMMARY: House Bill 1012, Printer's Number 1051, amends Section 443.1 (Medical Assistance Payments for Institutional Care) of the Human Services Code to provide a \$130 per diem payment for ventilator or tracheostomy care provided to medical assistance (MA) recipient residents in qualified nonpublic and county nursing facilities. This legislation is effective immediately.

ANALYSIS: A nonpublic or county nursing facility is eligible for the payment if, during any quarter of the year, (1) the facility had a minimum of ten MA residents who received medically necessary ventilator or tracheostomy care in the most recently available Picture Date CMI Report and (2) at least 17% of the facility's MA residents received medically necessary ventilator or tracheostomy care in at least one of three most recently available Picture Date CMI Reports.

Quarterly payments to eligible facilities are calculated by multiplying the following:

- (1) the share of a facility's MA residents who received medically necessary ventilator or tracheostomy care in the most recently available Picture Date CMI Report,
- (2) the facility's total number of MA facility and therapeutic leave days for the quarter, and
- (3) \$130.

A facility does not receive a quarterly payment during any quarter that the facility had less than ten MA residents who received medically necessary ventilator or tracheostomy care according to the most recently available Picture Date CMI Report.

The Department of Human Services is required to publish the Supplemental Ventilator Care and Tracheostomy Care Payments file on a quarterly basis.

FISCAL IMPACT: Based on the available data for the current fiscal year (Picture Date CMI Reports for August 1, 2020, November 1, 2020, and February 1, 2021), there were up to ten facilities eligible for the payment, which collectively provided ventilator or tracheostomy care to up to 279 MA residents in a quarter, and the estimated annual cost would be \$13 million. If federal matching funds can be used for these payments, the annual state cost would be approximately \$6.2 million.

Costs in future years are subject to increase as the number eligible facilities, and the number of MA residents receiving ventilator or tracheostomy care within eligible facilities, increases.

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House Appropriations Committee (R)

DATE: June 8, 2021

Estimates are calculated using the best information available. Actual costs and revenue impact incurred may vary from estimates.