

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 0861-03
Bill No.: SCS for SB 167
Subject: Ambulances and Ambulance Districts; Health Care; Health Care Professionals;
Hospitals; Insurance - Medical; Medicaid; Medical Procedures and Personnel;
Nursing and Boarding Homes; Pharmacy; Physicians
Type: Original
Date: March 25, 2015

Bill Summary: This proposal extends the sunset on certain healthcare provider reimbursement allowance taxes and prohibits enforcement of contract provisions that prevent disclosure of payment amounts for health care.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2016	FY 2017	FY 2018
Total Estimated Net Effect on General Revenue	\$0	\$0	\$0

Numbers within parentheses: () indicate costs or losses.
This fiscal note contains 10 pages.

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2016	FY 2017	FY 2018
Ambulance Provider Tax*	\$0	\$0	\$0
Nursing Facility Reimbursement Allowance Tax**	\$0	\$0	\$0
Hospital Reimbursement Allowance Tax ***	\$0	\$0	\$0
Pharmacy Provider Tax****	\$0	\$0	\$0
ICF/MR Provider Tax*****	\$0	\$0	\$0
Total Estimated Net Effect on <u>Other</u> State Funds	\$0	\$0	\$0

- *Revenues and expenditures of approximately \$21.5 million annually net to \$0.
- **Revenues and expenditures of approximately \$179 million annually net to \$0.
- ***Revenues and expenditures of approximately \$1.1 billion annually net to \$0.
- ****Revenues and expenditures of up to approximately \$57 million annually net to \$0.
- *****Revenues and expenditures of approximately \$7.2 million annually net to \$0.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2016	FY 2017	FY 2018
Federal*	\$0	\$0	\$0
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

*Revenues and expenditures of approximately \$2.3 billion annually net to \$0.

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2016	FY 2017	FY 2018
Total Estimated Net Effect on FTE	0	0	0

Estimated Net Effect (expenditures or reduced revenues) expected to exceed \$100,000 in any of the three fiscal years after implementation of the act.

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2016	FY 2017	FY 2018
Local Government	\$0	\$0	\$0

FISCAL ANALYSIS

ASSUMPTION

Sections 190.839, 198.439, 208.437, 208.480, 338.550 & 633.401:

Officials from the **Department of Social Services (DSS), Divisions of MO HealthNet (MHD) and Legal Services (DLS)** state the proposed legislation grants an extension for the Managed Care Organization Reimbursement Allowance, the Hospital Federal Reimbursement Allowance, the Ambulance Provider Tax, the Pharmacy Tax, the Intermediate Care Facility for the Intellectually Disabled tax program and the Nursing Facility Reimbursement Allowance Tax. Passage of the proposed legislation would not fiscally impact the MHD. However, if the proposed legislation does not pass, additional funding will be needed to maintain the current level of services. The FY 2016 budget submitted by DSS assumes these taxes would continue through FY 2016.

§190.839 - Ambulance Provider Tax

The proposed legislation allows the MHD to collect \$21,522,747 in ambulance tax, which will allow MHD to draw in federal funds of \$37,159,116 in FY 2016. The FY 2016 budget submitted by the DSS assumed the ambulance tax would continue through FY 2016. If the proposed legislation does not pass, additional General Revenue funds of \$21,522,747 would be needed to continue the current level of services.

§ 198.439 – Nursing Facility Reimbursement Allowance Tax

The proposed legislation allows the MHD to collect \$179,230,616 in Nursing Facility Tax, which will allow MHD to draw in federal funds of \$309,442,438 in FY 2016. The FY 2016 budget submitted by the DSS assumed the nursing facility tax would continue through fiscal year 2016. If this proposed legislation does not pass, additional General Revenue funds of \$179,230,616 would be needed to continue the current level of services.

§208.437 - Managed Care Provider Tax

The MHD is not currently collecting the Managed Care Provider Tax. The federal sunset for the managed care organization reimbursement allowance was September 30, 2009. This section of the proposed legislation will not have an impact on MO HealthNet.

As the MHD is not currently collecting the Managed Care Provider Tax, **Oversight** is not including this tax in the fiscal note tables.

ASSUMPTION (continued)

§208.480 - Hospital Reimbursement Allowance

The proposed legislation allows the MHD to collect approximately \$1,091,408,539 in Hospital FRA (Federal Reimbursement Allowance) tax, which will allow MHD to draw in federal funds of approximately \$1,884,321,589 in FY 2016. The FY 2016 budget submitted by DSS assumed the hospital tax would continue through FY 2016. If the proposed legislation does not pass, additional General Revenue funds of \$1,091,408,539 would be needed to continue the current level of services.

§338.550 - Pharmacy Provider Tax

The proposed legislation allows the MHD to collect \$57,039,249 in pharmacy tax, which will allow MHD to draw in federal funds of \$98,478,511 in FY 2016. The FY 2016 budget submitted by the DSS assumed the ambulance tax would continue through FY 2016. If the proposed legislation does not pass, additional General Revenue funds of \$57,039,249 would be needed to continue the current level of services.

§633.401 - Intermediate Care Facility for the Intellectually Disabled Provider Tax

The proposed legislation allows the MHD to collect approximately \$7.2 million in intermediate care facilities for the intellectually disabled tax, which will allow MHD to draw in federal funds of \$6.8 million in fiscal year 2016. The FY 2016 budget submitted by the Department of Mental Health assumed the intermediate care facilities for the intellectually disabled tax would continue through FY 2016. If this proposed legislation does not pass, additional General Revenue funds of \$7.2 million would be needed to continue the current level of services.

Officials from the **Department of Mental Health (DMH)** this proposal extends the sunset on certain healthcare provider reimbursement allowance taxes from 2015 to 2016. Included in this proposal is the extension for the provider assessment for ICF/ID (Intermediate Care Facilities for the Intellectually Disabled) and hospitals. The DMH assumes no fiscal impact should the sunset be extended to 2016. The provider assessment for ICF/IDs generates approximately \$6.8 million in revenue for the DMH. The provider assessment for hospitals generates approximately \$15.6 million in additional revenues for DMH. If the healthcare provider reimbursement taxes are allowed to sunset, the DMH will lose approximately \$22.4 million in funding for next year (\$6.8 million + \$15.6 million).

Oversight notes that the Department of Social Services (DSS) is the contact Department that works with the Federal government on Medicaid programs. Therefore, Oversight has decided to use DSS provider tax numbers for the ICF/ID provider tax program.

ASSUMPTION (continued)

Officials from the **Office of Administration - Division of Budget and Planning (B&P)** state this proposal will not impact Total State Revenue. In addition, this proposal will not impact the calculation under Article X, Section 18(e).

Officials from the **Office of the Secretary of State (SOS)** state many bills considered by the General Assembly include provisions allowing or requiring agencies to submit rules and regulations to implement the act. The SOS is provided with core funding to handle a certain amount of normal activity resulting from each year's legislative session. The fiscal impact for this fiscal note to the SOS for Administrative Rules is less than \$2,500. The SOS recognizes that this is a small amount and does not expect that additional funding would be required to meet these costs. However, the SOS also recognizes that many such bills may be passed by the General Assembly in a given year and that collectively the costs may be in excess of what the office can sustain with the core budget. Therefore, the SOS reserves the right to request funding for the cost of supporting administrative rules requirements should the need arise based on a review of the finally approved bills signed by the governor.

Oversight assumes the SOS could absorb the costs of printing and distributing regulations related to this proposal. If multiple bills pass which require the printing and distribution of regulations at substantial costs, the SOS could request funding through the appropriation process.

Officials from the **Department of Health and Senior Services**, the **Department of Insurance, Financial Institutions and Professional Registration**, the **Department of Revenue, Division of Taxation**, the **Joint Committee on Administrative Rules** and the **Office of State Treasurer** each assume the proposal would not fiscally impact their respective agencies.

<u>FISCAL IMPACT - State Government</u>	FY 2016 (9 months)	FY 2017 (3 months)	FY 2018
AMBULANCE PROVIDER TAX FUND (\$190.839)			
<u>Income - DSS</u>			
Assessment on Medicaid ambulance organizations	\$16,142,060	\$5,380,687	\$0
<u>Costs - DSS</u>			
Medicaid program costs	(\$16,142,060)	(\$5,380,687)	<u>\$0</u>
ESTIMATED NET EFFECT ON AMBULANCE PROVIDER TAX FUND	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

<u>FISCAL IMPACT - State Government</u>	FY 2016 (9 months)	FY 2017 (3 months)	FY 2018
NURSING FACILITY REIMBURSEMENT ALLOWANCE TAX FUND (\$198.439)			
<u>Income - DSS</u>			
Assessment on Medicaid nursing facility organizations	\$134,422,962	\$44,807,654	\$0
<u>Costs - DSS</u>			
Medicaid program costs	<u>(\$134,422,962)</u>	<u>(\$44,807,654)</u>	<u>\$0</u>
ESTIMATED NET EFFECT ON NURSING FACILITY REIMBURSEMENT ALLOWANCE TAX FUND	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
HOSPITAL REIMBURSEMENT ALLOWANCE FUND (\$208.480)			
<u>Income - DSS</u>			
Assessment on Medicaid hospital organizations	<u>\$818,556,404</u>	<u>\$272,852,135</u>	<u>\$0</u>
<u>Costs - DSS</u>			
Medicaid program costs	<u>(\$818,556,404)</u>	<u>(\$272,852,135)</u>	<u>\$0</u>
ESTIMATED NET EFFECT ON HOSPITAL REIMBURSEMENT ALLOWANCE FUND	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
PHARMACY PROVIDER TAX FUND (\$ 338.550)			
<u>Income - DSS</u>			
Assessment on Medicaid pharmacy organizations	\$42,779,437	\$14,259,812	\$0
<u>Costs - DSS</u>			
Medicaid program costs	<u>(\$42,779,437)</u>	<u>(\$14,259,812)</u>	<u>\$0</u>
ESTIMATED NET EFFECT ON PHARMACY PROVIDER TAX FUND	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

<u>FISCAL IMPACT - State Government</u>	FY 2016 (9 months)	FY 2017 (3 months)	FY 2018
ICF/MR PROVIDER TAX			
(\$633.401)			
<u>Income - DSS</u>			
Assessment on Medicaid ICF/MR organizations	\$5,400,000	\$1,800,000	\$0
<u>Costs - DSS</u>			
Medicaid program costs	<u>(\$5,400,000)</u>	<u>(\$1,800,000)</u>	<u>\$0</u>
ESTIMATED NET EFFECT ON ICF/MR PROVIDER TAX FUND	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
FEDERAL FUNDS			
<u>Income - DSS</u>			
Assessment on Medicaid ambulance organizations (§190.839)	\$27,869,337	\$9,289,779	\$0
Assessment on Medicaid nursing facility organizations (§198.439)	\$232,081,829	\$77,360,610	\$0
Assessment on Medicaid hospital organizations (§208.480)	\$1,413,241,192	\$471,080,397	\$0
Assessment on Medicaid pharmacy organizations (§ 338.550)	\$73,858,883	\$24,619,628	\$0
Assessment on Medicaid ICF/MR organizations (§633.401)	<u>\$5,100,000</u>	<u>\$1,700,000</u>	<u>\$0</u>
Total <u>Income - DSS</u>	<u>\$1,752,151,241</u>	<u>\$584,050,414</u>	<u>\$0</u>
<u>Costs - DSS</u>			
Medicaid program costs	<u>(\$1,752,151,241)</u>	<u>(\$584,050,414)</u>	<u>\$0</u>
ESTIMATED NET EFFECT ON FEDERAL FUNDS	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
<u>FISCAL IMPACT - Local Government</u>	FY 2016 (9 months)	FY 2017 (3 months)	FY 2018
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT - Small Business

No direct fiscal impact to small businesses would be expected as a result of this proposal.

FISCAL DESCRIPTION

This proposal modifies provision relating to health care providers.

REIMBURSEMENT ALLOWANCE TAXES

This proposal extends the sunsets from September 30, 2015 to September 30, 2016, for the Ground Ambulance, Nursing Facility, Medicaid Managed Care Organization, Hospital reimbursement allowance, Pharmacy, and Intermediate Care Facility for the Mentally Retarded Reimbursement Allowance Taxes.

HEALTHCARE TRANSPARENCY (Section 376.2020)

Under this proposal, no contract provision between a health carrier and a health care provider shall be enforceable if such provision prohibits, conditions, or in any way restricts any party to such contract from disclosing to an enrollee, patient, potential patient, or such person's parent or legal guardian, the contractual payment amount, defined as the total amount a health care provider is to be paid for providing a given health care service pursuant to a contract with a health carrier, for a health care service if such payment amount is less than the health care provider's usual charge for the health care service, and if such contractual provision prevents the determination of the potential out-of-pocket cost for the health care service by the enrollee, patient, potential patient, parent or legal guardian.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

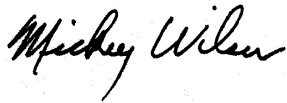
SOURCES OF INFORMATION

Department of Health and Senior Services
Department of Insurance, Financial Institutions
and Professional Registration
Department of Mental Health
Department of Revenue
Department of Social Services
Joint Committee on Administrative Rules
Office of Administration -
Division of Budget and Planning

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SOURCES OF INFORMATION (continued)

Office of Secretary of State
Office of State Treasurer

A handwritten signature in black ink that reads "Mickey Wilson". The signature is written in a cursive style with a large initial "M".

Mickey Wilson, CPA
Director
March 25, 2015

Ross Strobe
Assistant Director
March 25, 2015