Session of 2004

HOUSE BILL No. 2938

By Committee on Appropriations

3-16

10AN ACT concerning social welfare; establishing the health care access 11 improvement program; state medicaid plan; hospitals and health main-12tenance organizations. 13 14Be it enacted by the Legislature of the State of Kansas: 15As used in this act, the following have the meanings re-Section 1. 16 spectively ascribed thereto, unless the context requires otherwise: 17(a) "Department" means the department of social and rehabilitation 18services. 19 (b) "Fund" means the health care access improvement fund. (c) 20"Health maintenance organization" has the meaning provided in 21K.S.A. 40-3202, and amendments thereto. 22 (d) "Hospital" has the meaning provided in K.S.A. 65-425, and 23 amendments thereto. 24 "Hospital provider" means a person licensed by the department (e) 25of health and environment to operate, conduct or maintain a hospital, 26 regardless of whether the person is a federal medicaid provider. 27(f) "Pharmacy provider" means an area, premises or other site where 28drugs are offered for sale, where there are pharmacists, as defined in 29K.S.A. 65-1626, and amendments thereto, and where prescriptions, as 30 defined in K.S.A. 65-1626, and amendments thereto, are compounded 31 and dispensed. 32 Sec. 2. Subject to the provisions of section 3, and amendments 33 thereto, an annual assessment on inpatient services is imposed on each 34 hospital provider in an amount equal to 1.83% of each hospital's net 35 inpatient operating revenue for state the hospital's fiscal year 2001. In 36 the event a hospital does not have a complete twelve-month 2001 37 fiscal year, the assessment shall be \$200,000. 38 (a) A hospital provider that is a state agency, a state educa-Sec. 3. 39 tional institution, as defined in K.S.A. 76-711, and amendments thereto, or a critical access hospital, as defined in K.S.A. 65-468, and amendments 4041thereto, is exempt from the assessment imposed by section 2, and amend-42ments thereto. 43 A hospital operated by the department in the course of perform-(b)

ing its mental health or developmental disabilities functions is exempt
 from the assessment imposed by section 2, and amendments thereto.

3 (c) Nothing in this act shall be construed to authorize any home rule 4 unit or other unit of local government to license for revenue or impose a 5 tax or assessment upon hospital providers or a tax or assessment measured 6 by the income or earnings of a hospital provider.

7 Sec. 4. (a) The assessment imposed by section 2, and amendments 8 thereto, for any state fiscal year to which this statute applies shall be due 9 and payable in equal quarterly installments on, or on the state business 10 day nearest to, July 19, October 19, and January 18 and April 19. No 11 installment payment of an assessment under this act shall be due and 12 payable, however, until after:

13 (1) The hospital provider receives written notice from the depart-14ment that the payment methodologies to hospitals required under this 15act have been approved by the centers for medicare and medicaid services 16 of the United States department of health and human services and the 17state plan amendment for the assessment imposed by section 2, and 18 amendments thereto, has been granted by the centers for medicare and 19 medicaid services of the United States department of health and human 20services; and

(2) the hospital has received the payments required to be paid to it
under this act payments for two quarters after the effective date of
the payment methodology approved by the centers for medicare
and medicaid services.

(b) The department is authorized to establish delayed payment
schedules for hospital providers that are unable to make installment payments when due under this section due to financial difficulties, as determined by the department.

(c) If a hospital provider fails to pay the full amount of an installment when due, including any extensions of time for delayed payment granted under this section, there shall be added to the assessment imposed by section 2, and amendments thereto, unless waived by the department for reasonable cause, a penalty assessment equal to the lesser of:

34 (1) An amount equal to 5% of the installment amount not paid on or
35 before the due date plus 5% of the portion thereof remaining unpaid on
36 the last day of each month thereafter; or

(2) an amount equal to 100% of the installment amount not paid onor before the due date.

For purposes of this subsection (c), payments shall be credited first to
unpaid installment amounts, rather than to penalty or interest amounts,
beginning with the most delinquent installment.

42 Sec. 5. (a) After December 31 of each year, except as otherwise pro-43 vided in this subsection, and on or before March 31 of the succeeding year, the department shall send a notice of assessment to every hospital
 provider subject to assessment under this act.

3 (b) The hospital provider notice of assessment shall notify the hospital
4 provider of its assessment for the state fiscal year commencing on the
5 next July 1.

6 (c) If a hospital provider operates, conducts or maintains more than 7 one licensed hospital in the state, the hospital provider shall pay the as-8 sessment for each hospital separately.

9 (d) Notwithstanding any other provision in this act, in the case of a 10person who ceases to operate, conduct or maintain a hospital in respect 11 of which the person is subject to assessment in section 2, and amendments 12 thereto, as a hospital provider, the assessment for the state fiscal year in 13 which the cessation occurs shall be adjusted by multiplying the assessment computed under section 2, and amendments thereto, by a fraction, the 1415numerator of which is the number of the days during the year during 16which the provider operates, conducts or maintains a hospital and the 17denominator of which is 365. Immediately upon ceasing to operate, con-18duct or maintain a hospital, the person shall pay the adjusted assessment 19 for that state fiscal year, to the extent not previously paid.

(e) Notwithstanding any other provision in this act, a person who
commences operating, conducting or maintaining a hospital shall pay the
assessment computed under section 2, and amendments thereto, in installments on the due dates stated in the notice and on the regular installment due dates for the state fiscal year occurring after the due dates
of the initial notice.

Sec. 6. (a) The assessment imposed by section 2, and amendments thereto, shall not take effect or shall cease to be imposed and any moneys remaining in the fund shall be refunded to hospital providers in proportion to the amounts paid by such hospital providers if the payments to hospitals required under section 13, and amendments thereto, are changed or are not eligible for federal matching funds under title XIX or XXI of the federal social security act.

33 (b) The assessment imposed by section 2, and amendments thereto, 34 shall not take effect or shall cease to be imposed if the assessment is 35 determined to be an impermissible tax under title XIX of the federal social 36 security act. Moneys in the health care access improvement fund derived 37 from assessments imposed prior to such determination shall be disbursed 38 in accordance with section 13, and amendments thereto, to the extent 39 that federal matching is not reduced due to the impermissibility of the 40assessments and any remaining moneys shall be refunded to hospital pro-41viders and health maintenance organizations in proportion to the amounts 42paid by them.

43 Sec. 7. The department shall assess each health maintenance organ-

ization that has a medicaid managed care contract awarded by the state 1 2 and administered by the department an assessment fee that equals 5.9% 3 of non-medicare premiums collected by that health maintenance organ-4 ization. The assessment shall be collected on a quarterly basis and cal-5culated by reference to information contained in the health maintenance 6 organization's statement filings for the previous state fiscal year. 7 Sec. 8. (a) The assessment imposed by section 7, and amendments 8 thereto, for any state fiscal year to which this statute applies shall be due 9 and payable in equal quarterly installments on, or on the state business 10 day nearest to, July 19, October 19, and January 18 and April 19. No 11 installment payment of an assessment under this act shall be due and 12 payable, however, until after: 13 (1) The health maintenance organization receives written notice from the department that the payment methodologies to hospitals health 1415maintenance organizations required under this act have been ap-16 proved by the centers for medicare and medicaid services of the United 17States department of health and human services and the state plan 18amendment for the assessment imposed by section 7, and amendments 19 thereto, has been granted by the centers for medicare and medicaid serv-20ices of the United States department of health and human services; and 21(2)the health maintenance organization has received the payments 22 required to be paid to it under this act payments for two quarters after 23the effective date of the payment methodology approved by the 24 centers for medicare and medicaid services. 25(b) The department is authorized to establish delayed payment 26schedules for health maintenance organizations that are unable to make installment payments when due under this section due to financial diffi-2728culties, as determined by the department. 29If a health maintenance organization fails to pay the full amount (c) 30 of an installment when due, including any extensions of time for delayed 31 payment granted under this section, there shall be added to the assess-32 ment imposed by section 7, and amendments thereto, unless waived by 33 the department for reasonable cause, a penalty assessment equal to the 34 lesser of: 35 (1)An amount equal to 5% of the installment amount not paid on or 36 before the due date plus 5% of the portion thereof remaining unpaid on 37 the last day of each month thereafter; or 38 an amount equal to 100% of the installment amount not paid on (2)39 or before the due date. 40For purposes of this subsection (c), payments shall be credited first to 41 unpaid installment amounts, rather than to penalty or interest amounts, 42 beginning with the most delinquent installment.

43 Sec. 9. (a) After December 31 of each year, except as otherwise pro-

vided in this subsection, and on or before March 31 of the succeeding
 year, the department shall send a notice of assessment to every health
 maintenance organization subject to assessment under this act.

4 (b) The health maintenance organization notice of assessment shall 5 notify the health maintenance organization of its assessment for the state 6 fiscal year commencing on the next July 1.

(c) If a health maintenance organization operates, conducts or maintains more than one health maintenance organization in the state, the
health maintenance organization shall pay the assessment for each health
maintenance organization separately.

11 (d) Notwithstanding any other provision in this act, in the case of a 12person who ceases to operate, conduct or maintain a health maintenance 13 organization in respect of which the person is subject to assessment in 14section 7, and amendments thereto, as a health maintenance organization, the assessment for the state fiscal year in which the cessation occurs shall 1516be adjusted by multiplying the assessment computed under section 7, and 17amendments thereto, by a fraction, the numerator of which is the number 18of days during the year during which the health maintenance organization 19 operates, conducts or maintains a health maintenance organization and 20the denominator of which is 365. Immediately upon ceasing to operate, 21conduct or maintain a health maintenance organization, the person shall 22 pay the adjusted assessment for the state fiscal year, to the extent not 23 previously paid.

(e) Notwithstanding any other provision in this act, a person who commences operating, conducting or maintaining a health maintenance organization shall pay the assessment computed under section 7, and amendments thereto, in installments on the due dates stated in the notice and on the regular installment due dates for the state fiscal year occurring after the due dates of the initial notice.

30 Sec. 10. (a) The assessment imposed by section 7, and amendments 31 thereto, shall not take effect or shall cease to be imposed and any moneys 32 remaining in the fund shall be refunded to health maintenance organi-33 zations in proportion to the amounts paid by such health maintenance 34 organizations if the payments to health maintenance organizations re-35 quired under section 9, and amendments thereto, are changed or are not 36 eligible for federal matching funds under title XIX or XXI of the federal 37 social security act.

(b) The assessment imposed by section 7, and amendments thereto, shall not take effect or shall cease to be imposed if the assessment is determined to be an impermissible tax under title XIX of the federal social security act. Moneys in the health care access improvement fund derived from assessments imposed prior thereto shall be disbursed in accordance with section 13, and amendments thereto, to the extent that federal

matching is not reduced due to the impermissibility of the assessments 1 2 and any remaining moneys shall be refunded to health maintenance or-3 ganizations in proportion to the amounts paid by such health maintenance 4 organizations. 5Sec. 11. To the extent practicable, the department shall administer 6 and enforce this act and collect the assessments, interest and penalty 7 assessments imposed under this act using procedures generally employed 8 in the administration of the department's other powers, duties and 9 functions. 10 Sec. 12. (a) There is hereby created in the state treasury the health 11 care access improvement fund, which shall be administered by the sec-12 retary of social and rehabilitation services. All expenditures from the 13 health care access improvement fund shall be made in accordance with 14appropriation acts upon warrants of the director of accounts and reports 15issued pursuant to vouchers approved by the secretary of social and re-16 habilitation services or the secretary's designee. Notwithstanding the 17provisions of any other statute, the cash management fee for serv-18 ices provided by the state treasurer for banking services and for 19 processing warrants and direct deposits, or any other fee fixed, 20charged or collected by the state treasurer for recovery of all or 21part of the operating expenditures incurred by the state treasurer 22 in providing such services, shall not apply to services or processing 23provided for warrants payable from the health care access im-24 provement fund. 25(b) The fund shall not be used to replace any moneys appropriated 26by the legislature for the department's medicaid program. 27(c) The fund is created for the purpose of receiving moneys in ac-28cordance with this act and disbursing moneys only for the purposes of 29improving health care delivery and related health activities as specified 30 and provided by section 13, and amendments thereto, notwithstanding 31 any other provision of law. 32 (d) On or before the 10th day of each month, the director of accounts 33 and reports shall transfer from the state general fund to the health care 34 access improvement fund interest earnings based on:

(1) The average daily balance of moneys in the health care accessimprovement fund for the preceding month; and

(2) the net earnings rate of the pooled money investment portfoliofor the preceding month.

39 (e) The fund shall consist of the following:

40 (1) All moneys collected or received by the department from the 41 hospital provider assessment and the health maintenance organization 42 assessment imposed by this act;

43 (2) all federal matching funds received by the department as a result

of expenditures made by the department that are attributable to moneys
 deposited in the fund;

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3 - (3) (2) any interest or penalty levied in conjunction with the admin-4 istration of this act; and

5 (4) (3) all other moneys received for the fund from any other source. 6 Sec. 13. The proceeds of the hospital provider assessment imposed 7 by section 2, and amendments thereto, and the proceeds of the health 8 maintenance organization assessment imposed by section 7, and amend-9 ments thereto, shall be disbursed for the following purposes and in ac-10 cordance with and subject to the following:

(a) Of the proceeds of the hospital provider assessment credited tothe fund:

(1) Not less than 80% of hospital provider assessment revenues shall
be disbursed to hospital providers through a combination of medicaid
access improvement payments and increased medicaid rates on designated diagnostic-related groupings, procedures or codes;

(2) not more than 20% of hospital provider assessment revenues shall
be disbursed to providers who are persons licensed to practice medicine
and surgery or dentistry through increased medicaid rates on designated
procedures and codes; and

(3) not more than 3.2% of hospital provider assessment revenues shall
be used to fund graduate medical education.

(b) Of the proceeds of the health maintenance organization assess-ment credited to the fund:

(1) Not less than 53% of health maintenance organization assessment
revenues shall be disbursed to health maintenance organizations that have
a contract with the department through increased medicaid rates;

28 (2) not more than 30% of health maintenance organization assess-29 ment revenues shall be disbursed to fund medicaid eligible health care 30 clinics, dental care expansion for indigent health care clinics or graduate 31 medical education activities to increase access to dental care, pri-32 mary care safety net clinics, increased medicaid rates on desig-33 nated procedures and codes for providers who are persons li-

34 censed to practice dentistry, and home and community-based 35 services;

(3) not more than 17% of health maintenance organization assess ment revenues shall be disbursed to pharmacy providers through in creased medicaid rates.

Sec. 14. There is hereby established the health care access improvement advisory panel for the purposes of administering and selecting the disbursements described in section 13, and amendments thereto. The panel shall be appointed as follows: Three members appointed by the

43 Kansas hospital association, two members appointed by the secretary of

1 social and rehabilitation services, two members appointed by the Kansas 2 medical society, one member appointed by each health maintenance or-3 ganization that has a medicaid managed care contract with the depart-4 ment of social and rehabilitation services, one member appointed by the $\mathbf{5}$ Kansas pharmacy association, one member appointed by the Kansas 6 association for the medically underserved, and one member ap-7 pointed by the governor. The panel shall make an annual report to the 8 legislature regarding the collection and distribution of all funds received 9 and distributed by this act. 10 Sec. 15. The department of social and rehabilitation services shall not 11 agree to any federal medicaid waiver where the federal government, as a 12 condition of granting the waiver, requires the state of Kansas to agree to 13 any limit on the normal federal cost share in the medicaid program where 14 the state expenditures are not comparably restricted. 15Sec. 16. The secretary of social and rehabilitation services may adopt 16 rules and regulations necessary to implement this act. 17Sec. 17. This act shall take effect and be in force from and after its

18 publication in the Kansas register.