

CHAPTER 15

HEALTH CARE POLICY AND FINANCING

SENATE BILL 03-173

BY SENATOR(S) Owen, Reeves, and Teck;
also REPRESENTATIVE(S) Young, Plant, Witwer, Frangas, Jahn, and McFadyen.

AN ACT

CONCERNING THE REPEAL OF SPECIFIED NURSING FACILITY PROVIDER PAYMENTS, AND MAKING AN APPROPRIATION IN CONNECTION THEREWITH.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. 26-4-410 (2) (c) (II) (B), Colorado Revised Statutes, is amended, and the said 26-4-410 (2) (c) (II) is further amended BY THE ADDITION OF A NEW SUB-SUBPARAGRAPH, to read:

26-4-410. Providers - nursing facility - nursing facility patient program improvement fund - reimbursement - maximum allowable - nonmonetary incentive program - legislative declaration. (2) (c) The medical services board shall adopt rules and regulations to:

~~(II) (B) Determine and pay to nursing facility providers a reasonable share of the amount by which the reasonable costs of the categories of administration, property, and room and board, excluding food costs, exceed the actual cost in these categories only of each facility provider. Such reasonable share shall be defined as twelve and one-half percent of such amount in such categories for each facility, not to exceed twelve percent of the reasonable cost. As used in this sub-subparagraph (B), "nursing facility provider" means a facility provider that meets the state nursing home licensing standards in section 25-1-107 (1) (I) or (1) (II), C.R.S., is maintained primarily for the care and treatment of inpatients under the direction of a physician, and meets the requirements in 42 U.S.C. sec. 1396d for certification as a qualified provider of nursing facility services.~~

(B.1) FOR FISCAL YEAR 2003-04, AND FOR EACH FISCAL YEAR THEREAFTER, DETERMINE AND PAY TO NURSING FACILITY PROVIDERS A REASONABLE SHARE OF THE AMOUNT BY WHICH THE REASONABLE COSTS OF THE CATEGORIES OF ADMINISTRATION,

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

PROPERTY, AND ROOM AND BOARD, EXCLUDING FOOD COSTS, EXCEED THE ACTUAL COST IN THESE CATEGORIES ONLY OF EACH FACILITY PROVIDER. SUCH REASONABLE SHARE SHALL BE DEFINED AS TWELVE AND ONE-HALF PERCENT OF SUCH AMOUNT IN SUCH CATEGORIES FOR EACH FACILITY, NOT TO EXCEED TWELVE PERCENT OF THE REASONABLE COST. AS USED IN THIS SUB-SUBPARAGRAPH (B.1), "NURSING FACILITY PROVIDER" MEANS A FACILITY PROVIDER THAT MEETS THE STATE NURSING HOME LICENSING STANDARDS IN SECTION 25-1-107 (1) (I) (I) OR (1) (I) (II), C.R.S., IS MAINTAINED PRIMARILY FOR THE CARE AND TREATMENT OF INPATIENTS UNDER THE DIRECTION OF A PHYSICIAN, AND MEETS THE REQUIREMENTS IN 42 U.S.C. SEC. 1396d FOR CERTIFICATION AS A QUALIFIED PROVIDER OF NURSING FACILITY SERVICES.

SECTION 2. Part V (3) and the affected totals of section 2 of chapter 399, Session Laws of Colorado 2002, are amended to read:

Section 2. **Appropriation.**

ITEM & SUBTOTAL	TOTAL	APPROPRIATION FROM				
		GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$

**PART V
DEPARTMENT OF HEALTH CARE POLICY AND FINANCING**

(3) MEDICAL SERVICES PREMIUMS^{46, 47, 48, 49, 50, 51, 52, 53, 54, 54a}

Services for 35,230 Old Age Pensioners (OAP-A) at an average cost of \$16,895.22						
\$16,859.51					595,218,544	
					593,960,640	
Services for 5,430 Old Age Pensioners (OAP-B) at an average cost of						
\$12,504.16 \$12,494.89					67,897,616	
					67,847,277	
Services for 4,046 Old Age Pension State Medical Program clients at an average cost of						
\$2,435.28						9,853,133

Services for 49,669 Non-Elderly Disabled Recipients of Supplemental Security Income at an average cost of \$10,450.73 \$10,446.37	519,077,445 518,860,931
Services for 38,349 Categorically Eligible Low-income Adults at an average cost of \$3,273.42	125,532,402 125,532,354
Services for 158,488 Categorically Eligible Low-income Children and Baby Care Program Children at an average cost of \$1,750.40	277,418,122
Services for 13,877 Foster Children at an average cost of \$2,652.07 \$2,652.06	36,802,812 36,802,625
Services for 5,983 Baby Care Program Adults at an average cost of \$5,564.49	33,292,341

APPROPRIATION FROM

ITEM & SUBTOTAL	TOTAL	APPROPRIATION FROM				
		GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$
Services for 9,492 Qualified Medicare Beneficiaries (QMBs) and Special Low-Income Medicare Beneficiaries (SLIMBs) at an average cost of \$1,071.80 \$1,071.77	10,173,529 10,173,247					
Services for 5,414 Non-Citizens at an Average Cost of \$9,876.00	53,468,640					
Services for 71 S.B. 01S2-12 Breast and Cervical Cancer Treatment Clients at an Average Cost of \$22,501.62	<u>1,597,615</u>					
	1,730,332,196 1,728,806,925	838,728,143(M) 837,965,508(M)			34,565,803 ^a	857,038,250 856,275,614

^a Of this amount, \$9,853,133(T) shall be from the Old Age Pension Health and Medical Care Fund appropriated in the Department of Human Services, \$559,165 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 26-4-532 (7), C.R.S., and \$24,153,505 represents public funds certified as representing expenditures incurred by public nursing homes and hospitals that are eligible for federal financial participation under the Medicaid program.

**TOTALS PART V
(HEALTH CARE
POLICY AND
FINANCING)^{5, 6}**

\$2,714,652,157	\$1,180,936,543^a	\$751,563	\$186,737,806 ^b	\$1,346,226,245
<u>\$2,713,126,886</u>	<u>\$1,180,173,908^a</u>	<u> </u>	<u> </u>	<u>\$1,345,463,609</u>

^a Of this amount, \$3,355,821 is exempt from the statutory limit on state General Fund appropriations pursuant to Section 24-75-201.1 (1) (a) (III) (B), C.R.S.

^b Of this amount, \$781,748 contains an (L) notation, and \$10,068,871 contains a (T) notation.

SECTION 3. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: March 5, 2003