## DepartmentofPlanningandBudget 2002FiscalImpactStatement

1.	BillNumber	· HB103
	HouseofOrigi	n 🔀 Introduced 🔲 Substitute 🔲 Engrossed
	SecondHouse	☐ InCom mittee ☐ Substitute ☐ Enrolled
2.	Patron	Morgan
3.0	Committee	HouseAppropriations
4.	Title	Fundingpolicyforindigenthealthcareservices

**5. Summary/Purpose:** The billest ablishes a funding policy fort he Common we althwith regard to support for indigenthe althor eservices provided by Virginia's three academic medical centers. The legislation declares that the Common we alth shall appropriate 100 percent of the costs of the indigenthe althor eservices provided by or through the Virginia Common we alth University Health System Authority (VCUHSA) and the University of Virginia Medical Center (UVAMC).

Inaddition, the bille stablishes that it is the Commonwealth's policy to provide substantial assistance to meet the costs of indigenthe althorates ervices provided by orthrough the faculty, students, and associated hospitals of the Medical College of Hampton Roads (established as an authority in the Acts of Assembly of 1964). The two public academic medica lcenters are required to submit estimates of the amounts needed for this purpose and the Medical College of Hampton Roads is required to submit such data and estimates as may be needed by the Director of the Department of Planning and Budget.

6. FiscalI mpactEstimatesare: Preliminary

6a. ExpenditureImpact:

FiscalYear	Dollars	<b>Positions</b>	Fund
2001-02			
2002-03	\$7,100,000		GF
2002-03	\$29,000,000		NGF
2003-04	\$33,225,000		GF
2003-04	\$8,675,000		NGF

- **7. Budgetamendmentnecessary:** Yes.Item325(De partmentofMedicalAssistanceServices) andItem266(MedicalCollegeofHamptonRoads).
- **8. Fiscalimplications:** Formanyyears,theCommonwealthofVirginiahasprovidedfunding tosupportindigenthealthcarethroughacombinationofstate(genera l)fundsandfederal (Medicaid)funds. Thegeneralfunddollars, which coverabout 50 percent of the indigent care costsprovided by the two teachinghospitals (Virginia Commonwealth University Health System Authority and the University of Virginia Medica lCenter), are appropriated directly to the Department of Medical Assistance Services (DMAS). Inturn DMAS uses the general fund monies as the state's match to obtain federal funds through the Medicaid Program to cover the remaining 50 percent of the total cost of indigent care services. Currently, the Medical College.

OfHamptonRoads(MCHR)receivesadirectgeneralfundappropriationineachyearofthe bienniumtosupportitsindigentcareservices . Thisamounthasnotincreasedsince1994. The abilityofthe Commonwealth to fund the additional costs through the Medicaid Disproportionate Share Hospital (DSH) program is limited due to the federal DSH cap. The federal government has placed limits on the amount of federal funds available for DSH payments on an annual basis. Therefore, funds required to cover the cost of this bill would not be realized entirely from matching federal funds due to that DSH cap.

InFY2003,theDepartmentofMedicalAs sistanceServices(DMAS)willcertifytheVCUHSA for\$25millionandUVAMCfor\$4millionincostsandwillutilizeDSHfundstoreimburse thosecostswithoutusinggeneralfunddollars. HoweverinFY2004, therewillnotbesufficient DSHfundsavailable tosupportthosepayments. Thisbillrequiresgeneralfunddollarsto reimburseanylossesincurredbythefacilitiesregardingtheirindigentcareprogram. DMAS estimatesthatlosseswillbe\$30.8millionand\$4.0millionfortheVCUHSAandUVAMC, respectively. The estimated\$7.1millionperyearforEVMS must be financed from the general funds inceitdoes not qualify for the DSH matching funds.

*Unknownfactors:* ManyfactorscomplicatetheCommonwealth'sabilitytoimplementafunding policythatpr ovides100percentofthecostofindigenthealthcareservicesinfutureyears. Considerationmustbegiventosuchitemsaschangesinpatientloadsatthevariousmedical centers, changes infederallegislation relative to disproportionates harefundin g, and the Commonwealth's financial state.

Inaddition, DMAS is currently appealing a \$74 million disproportion at esharehospital disallowance with the Centers for Medicare and Medicaid Services (CMS). The above estimates assume that DMAS is successful. However, if the appeal is unsuccessful and the agency is directed to make the repayment, DMAS may be required to make the following payments: \$29 million (GF) in FY 2002, \$45.8 million (GF) in FY 2003, and \$46.1 million (GF) in FY 2004.

## 9. Specificagen cyorpolitical subdivisions affected:

- DepartmentofMedicalAssistanceServices
- UniversityofVirginiaMedicalCenter
- VirginiaCommonwealthUniversityHealthSystemAuthority
- MedicalCollegeofHamptonRoads(EasternVirginiaMedicalSchool)

10. Technical amendment necessary: No

11. Othercomments: None.

**Date:** 01/24/02/aps

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cc:SecretaryofFinance

SecretaryofHealthandHumanResources

SecretaryofEducation