



State of Wisconsin
2023 - 2024 LEGISLATURE

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**ASSEMBLY AMENDMENT 2,
TO ASSEMBLY BILL 1087**

February 22, 2024 - Offered by Representative SNYDER.

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 1, line 2: delete the material beginning with “an” and ending with “rate
3 to” on line 3 and substitute “enhanced rates for”.

4 **2.** Page 4, line 7: after that line insert:

5 “5. A hospital seeking a percentage of the distribution under subd. 2. shall
6 submit to the department all of the following information with respect to patients
7 that contributed to a hospital’s qualifying avoidable patient days, as applicable:

8 a. The payer for each patient at the time of discharge from the hospital.

9 b. For each patient, the most significant condition or reason, in the judgment
10 of the hospital, preventing the discharge of the patient to another facility or setting.

11 c. Each patient’s assigned diagnosis related group.

12 d. The number of days after the date of anticipated discharge each patient was
13 in the hospital.

1 e. Each patient's Medicaid identification number.

2 f. Each Medicaid claim number.

3 g. Each patient's county of residence.”.

4 **3.** Page 4, line 12: after “2024” insert “, as well as the information required
5 under par. (b) 5.”.

6 **4.** Page 4, line 16: after “2024” insert “, as well as the information required
7 under par. (b) 5.”.

8 **5.** Page 4, line 20: after “2024” insert “, as well as the information required
9 under par. (b) 5.”.

10 **6.** Page 4, line 25: after “2024” insert “, as well as the information required
11 under par. (b) 5.”.

12 **7.** Page 5, line 13: delete “rate” and substitute “rates”.

13 **8.** Page 5, line 14: after “\$10,000,000” insert “general purpose revenue”.

14 **9.** Page 5, line 16: after “enhanced rate.” insert “The enhanced rates developed
15 under this subsection may not be applied once the \$10,000,000 general purpose
16 revenue and any related federal funds have been expended.”.

17 **10.** Page 5, line 17: delete “rate” and substitute “rates”.

18 **11.** Page 6, line 9: delete “shall only be applicable” and substitute “may be
19 applicable only”.

20 **12.** Page 6, line 18: after “wounds,” insert “the amount of time the enhanced
21 rate is needed to address the extensive wound care needs, and”.

22 **13.** Page 6, line 19: delete “including”.

1 **14.** Page 6, line 21: delete the material beginning with “may only” and ending
2 with “true:” on line 22 and substitute “may be applicable only if all of the following
3 apply:”.

4 **15.** Page 7, line 2: after that line insert:

5 **“SECTION 3. Nonstatutory provisions.**

6 (1) REPORTING REQUIREMENTS FOR ENHANCED NURSING HOME RATES AND HOSPITAL
7 SUPPLEMENTAL PAYMENTS.

8 (a) By June 1, 2025, the department of health services shall submit a report to
9 the joint committee on finance that includes all of the information required under
10 pars. (b) and (c).

11 (b) For the enhanced nursing home rates under s. 49.45 (6r), the department
12 of health services shall compile for the report required under par. (a) all of the
13 following information:

14 1. The number of residents, resident days, and distribution of funding by
15 facility for each of the enhanced rates.

16 2. The number and percentage of newly admitted residents that meet the
17 criteria for each of the enhanced rates.

18 3. Information on the amount of the enhanced rates, including a description of
19 how each rate was determined by the department of health services.

20 (c) For the supplemental hospital payments under s. 49.45 (3n), the
21 department of health services shall compile for the report required under par. (a) all
22 of the following information:

23 1. The number of qualifying avoidable patient days for which a supplement was
24 paid to the hospital.

- 1 2. The number of high-acuity patients for which a supplement was paid to the
2 hospital.
- 3 3. The total amount of the supplement paid to the hospital.
- 4 4. The most significant condition or reason, in the judgment of the hospital,
5 preventing the discharge of the patient to another facility or setting, for each
6 high-acuity patient with qualifying avoidable patient days. The department of
7 health services may specify categories of conditions, reasons, or other data elements
8 necessary to facilitate the administration of the collection and analysis of this data.”.

9

(END)