

09/30/2014-SPECIAL ORDERED

BILL NO. 30-0501

Thirtieth Legislature of the Virgin Islands

September 30, 2014

An act appropriating Retro Claim funding to the Department of Health, The Department of Human Services, Schneider Regional Medical Center, Governor Juan F. Luis Hospital & Medical Center, St. Thomas East End Medical Center Corporation, Frederiksted Health Care, Inc. and for other health care and social welfare purposes

PROPOSED BY: Senator Shawn-Michael Malone by Request of the Governor

1 *Be it enacted by the Legislature of the Virgin Islands:*

2 **WHEREAS**, the Virgin Islands Medical Assistance Program (VIMAP) was able to claim
3 retroactive federal funds as a result of a multi-year account reconciliation and review from
4 several of the territories health care agencies that participate in the Medicaid Program resulting
5 in \$15,893,727.50 for services and administration; and

6 **WHEREAS**, the VIMAP was additionally able to retro claim for services provided
7 specifically to the beneficiaries of the Children's Health Insurance Program (CHIP) in the
8 amount of \$4,047,349 for the years 2007-2012; and

9 **WHEREAS**, the VIMAP also retro claimed funds from the July 1, 2011 Affordable Care
10 Act adjusted rate in federal match rate for the territories from 50% to 55% for medical services;
11 and

1 **WHEREAS**, the distribution of the Virgin Islands Medical retro claim funds will occur
2 as a “one time” payment to specified agencies and will remain available until expended. These
3 funds will be utilized to increase the quality of health care and social services offered to the
4 residents of the Virgin Islands territory; Now, Therefore,

5 ***Be it enacted by the Legislature of the Virgin Islands:***

6 **SECTION 1.** The sum of \$19,141,076.50 from Retro Claim funding received in
7 September 2014 from the reimbursement of federal Medicaid funding for the fiscal years 2009,
8 2010, 2011 and 2012 is appropriated for the fiscal year ending September 30, 2015 as follows:

9 (1) \$5,000,000.00 to the Governor Juan F. Luis Hospital & Medical Center, as set
10 forth below:

11 (A) \$2,500,000.00 for general purposes;

12 (B) \$1,000,000.00 to rebuild and restore the acute care inpatient psychiatric
13 unit; and

14 (C) \$1,500,000.00 to be paid directly to the Virgin Islands Water and Power
15 Authority on behalf of the hospital.

16 (2) \$5,000,000.00 to the Schneider Regional Medical Center, as set forth below:

17 (A) \$3,100,000.00 for general purposes;

18 (B) \$400,000.00 for development of a pilot day hospital program for adults
19 with mental illness; and

20 (C) \$1,500,000.00 to be paid directly to the Virgin Islands Water and Power
21 Authority on behalf of the hospital

22 (3) \$1,500,000.00 to the Virgin Islands Department of Health - For mental health
23 programs to include: care coordination, completion of the Eldra Schulerbrant residential facility
24 renovations and clubhouse programs and for the implementation of care coordination services for
25 the Enhanced Medicaid Program via a patient centered medical home.

1 (4) \$250,000.00 to the Frederiksted Health Center for implementation of care
2 coordination services for the Enhanced Medicaid Program via a patient centered medical home.

3 (5) \$250,000.00 to the St. Thomas East End Medical Center for implementation of
4 care coordination services for the Enhanced Medicaid Program via a patient centered medical
5 home.

6 (6) \$7,941,076.50 to the Virgin Islands Department of Human Services, as set forth
7 below:

8 (A) \$3,072,600.00 to construct four (4) buildings at the Youth Rehabilitation
9 Center in St. Croix, as set forth below:

10 (i) \$729,300.00 for one (1) administration/intake/clinic building;

11 (ii) \$598,500.00 for one (1) classroom; and

12 (iii) \$1,744,800.00 for two (2) living pods of 10 cells each.

13 (B) \$2,000,000 for a pilot home based program for frail senior citizens.

14 (C) \$2,618,476.50 for the Government of the Virgin Islands' Matching Funds
15 to the various Medical Assistance Program initiatives:

16 (i) Expansion of recipients and to provide the general fund portion of
17 required match to cover the health care costs to expanded
18 beneficiaries;

19 (ii) The Integrated Eligibility and Enrollment System; and

20 (iii) The consolidation of all family assistance programs.

21 (D) \$250,000.00 to finish the new Claude O'Marko Head Start site with a
22 playground and to renovate or replace playgrounds at other Head Start sites, as determined by the
23 Department of Human Services.

24 **SECTION 2.** The sums appropriated in Section 1 remain available until expended and
25 are "one time," non-recurring awards.

26

BILL SUMMARY

This bill provides for the use of funds that follows deeply set GVI priorities especially to advance goals to reduce uncompensated health care costs, increase health security among low income persons, and increase the available mental health care capacity of government and semi-autonomous health care facilities in the territory. The retro claim funding allows for the addition of new local funding to the available Medicaid match funds to ensure the multiple MAP initiatives will have sufficient local matching funds. Other uses address a pressing elder care need and assist the hospitals to reduce the incidence of senior citizen boarders by creating a home based alternative long term care program. Additionally, the bill provides funding for the completion of some early childhood projects, which enables the territory to meet federal regulations. Finally, the bill provides funding for construction of new buildings at Youth Rehabilitation Center, which will ensure the on-going safety and security of young persons in the process of rehabilitation.

Through the Affordable Care Act and projected phases of Medicaid expansion that will occur through 2019, continuous retro claiming projects allow for monitoring and reconciliation of basic reimbursement for the care provided by health facilities that reflects the actual true cost for the care provided annually. Adjustments are made in an attempt to offer the means for Medicaid service providers to either increase the number of primary and specialty services offered as well as to increase the coverage groups allowable by Medicaid, which serves to greatly reduce our local uninsured population.

BR14-1653/September 30, 2014/SLR