

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.790

Program Name: Federal Reimbursement Allowance (FRA)

Program is found in the following core budget(s): Federal Reimbursement Allowance (FRA)

1a. What strategic priority does this program address?

Quality hospital care and appropriate reimbursement

1b. What does this program do?

The Federal Reimbursement Allowance (FRA) program assesses hospitals in the state of Missouri a fee for the privilege of doing business in the state. The assessment is a general revenue equivalent, and when used to make valid Medicaid payments, earns federal Medicaid matching funds. The assessment collected from the hospital and the federal earnings fund the FRA program. The funds collected by the state are used to supplement inpatient and outpatient hospital services as well as a general revenue equivalent for other MO HealthNet services such as Managed Care and the Children's Health Insurance Program (CHIP).

Reimbursement Methodology

The FRA assessment is a percent of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The assessment rate effective July 1, 2022 is 5.4% which did change from the SFY 2022 assessment rate of 5.48%. The net inpatient and net outpatient revenues are determined from the hospital's cost reports that are filed annually with the MO HealthNet Division. The MO HealthNet Division uses funds generated from the FRA program as the equivalent of general revenue funds.

The FRA funds are distributed to the hospitals through a combination of payments to compensate certain costs as outlined below.

- *Higher Inpatient Per Diems* - Approximately 77.7% of inpatient costs are made through FRA funding. Effective for dates of services beginning July 1, 2022, hospitals were rebased to a third prior year cost report (SFY 2023 used a 2020 cost report).
- *Increased Outpatient Payment* - Approximately 38.67% of outpatient costs are made through FRA funding. An Outpatient Simplified Fee Schedule methodology was implemented on July 20, 2021.
- *Outpatient Direct Medicaid Payments* - The hospital receives additional payments to cover the allowable outpatient Medicaid cost of the FRA assessment for MO HealthNet participants.
- *Acuity Adjustment Payment* - Payments made to hospitals that see Medicaid participants with a higher level of acuity.
- *Poison Control Payment* - Payments made to the hospital that oversees Missouri's Poison Control call center.
- *Stop Loss Payment* - Payments made to hospitals to alleviate the financial burden than would have been caused as a result of MHD rebasing the inpatient per diem.
- *Disproportionate Share Hospital (DSH) Payments* - Payments for the cost of providing services to the uninsured and for Medicaid uncompensated care costs.
- *Upper Payment Limit* - A payment made to state owned or operated hospitals to recognize costs up to what Medicare payment principles allow.
- *Graduate Medical Education (GME)* - A quarterly payment to hospitals for the Medicaid share of their GME cost.

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The FRA program also funds the costs of the Missouri Gateway to Better Health Medicaid demonstration program, the state share of primary care health home per member per month (PMPM) payments to hospital-based primary care health homes, and federally required independent disproportionate share hospital (DSH) audits. These payments are limited to the federal DSH allotment and are subject to annual DSH audits. *For more information on the Gateway project, see Additional Details.*

Regulations require that the FRA tax be broad-based, uniform, and a maximum tax of 6% due to the structure of the tax.

Additional Details

Missouri's Gateway to Better Health Medicaid demonstration project

The State is authorized to spend up to \$30 million (total computable) annually to preserve and improve primary care and specialty care in the St. Louis area in lieu of spending that amount of statutorily authorized funding on payments to DSH, making this demonstration budget-neutral. Under the demonstration, CMS allows the state to continue to use DSH funds to preserve and improve primary and specialty health care services in St. Louis.

This program is exempt from performance measures as it is an accounting mechanism.

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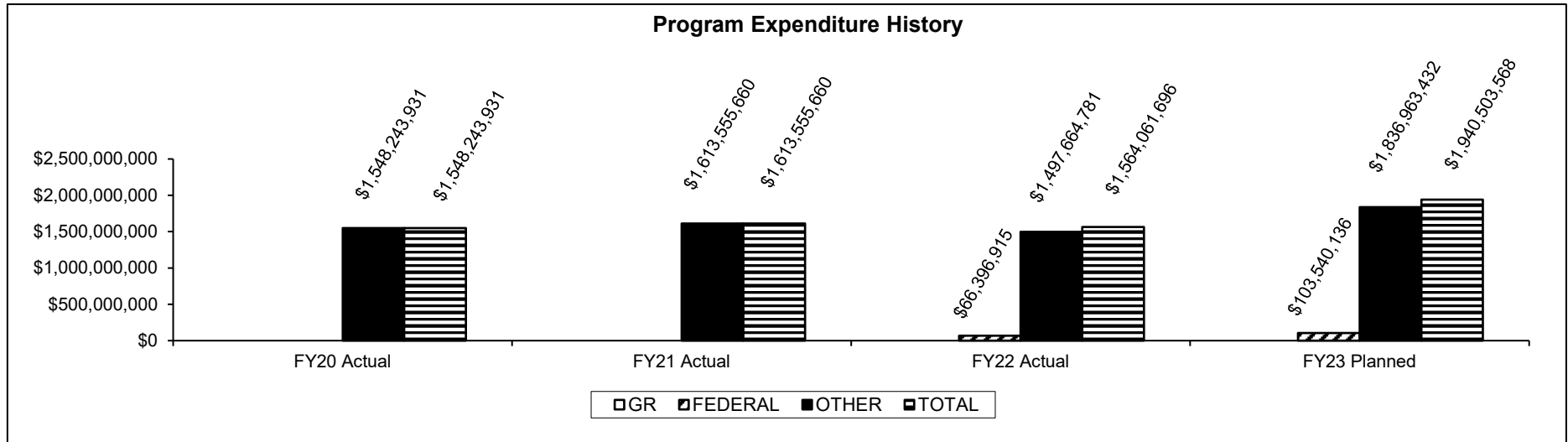
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3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



In FY2022, AEG expenditures are included in total payments.

4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.453, RSMo. Federal law: Social Security Act Section 1903(w). Federal Regulation: 42 CFR 433 Subpart B.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.