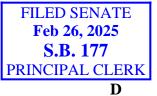
GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2025



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## SENATE BILL DRS15066-NLxf-24

Short Title:	Add Psychiatric Hospitals to Medicaid HASP.	(Public)
Sponsors:	Senators Hise, Burgin, and Sawrey (Primary Sponsors).	
Referred to:		

A BILL	TO BE ENTI	TLED

-		
2	AN ACT TO INCLUDE FREESTANDING PSYCHIATRIC HOSPITALS AS HOSPITALS	
3	THAT ARE ELIGIBLE TO RECEIVE PAYMENTS UNDER THE MEDICAID	
4	HEALTHCARE ACCESS AND STABILIZATION PROGRAM AND TO PROVIDE	
5	FUNDING FOR THOSE PAYMENTS THROUGH INCREASED HOSPITAL	
6	ASSESSMENTS.	
7	The General Assembly of North Carolina enacts:	
8	SECTION 1.(a) G.S. 108A-148.1(a) reads as rewritten:	
9	"(a) The healthcare access and stabilization program is a directed payment program that	
10	provides acute care hospitals with increased reimbursements funded through hospital	
11	assessments in accordance with this section. Upon the approval of CMS, the healthcare access	
12	and stabilization program directed payment program shall additionally provide qualifying	
13	freestanding psychiatric hospitals with increased reimbursements funded through hospital	
14	assessments. A qualifying freestanding psychiatric hospital is a freestanding psychiatric hospital	
15	as defined in G.S. 108A-145.3 that is Medicare-certified and submits Hospital Cost Report	
16	Information System cost report data to CMS."	
17	<b>SECTION 1.(b)</b> The Department of Health and Human Services shall submit a 42	
18	C.F.R. § 438.6(c) preprint requesting approval to include freestanding psychiatric hospitals in	
19	the healthcare access and stabilization program (HASP) authorized under G.S. 108A-148.1, as	
20	amended by subsection (a) of this section.	
21	<b>SECTION 1.(c)</b> This section is effective when it becomes law.	
22	SECTION 2.(a) G.S. 108A-145.3 reads as rewritten:	
23	"§ 108A-145.3. Definitions.	
24	The following definitions apply in this Article:	
25		
26	(6c) <u>Freestanding psychiatric hospital. – A hospital facility that is (i) licensed</u>	
27	under Article 2 of Chapter 122C of the General Statutes, (ii) primarily engaged	
28	in providing to inpatients, by or under the supervision of a physician,	
29	psychiatric services for the diagnosis and treatment of individuals with mental	
30	illnesses, and (iii) not State-owned and State-operated.	
31	(6d) HASP directed payments. – Payments made by the Department to prepaid	
32	health plans to be used for (i) increased reimbursements to hospitals under the	
33	HASP program and (ii) the costs to prepaid health plans from the gross premiums tax under G.S. 105-228.5 and the insurance regulatory charge under	
34	premiums tay under $G \times D = D \times D$ and the insurance regulatory charge under	
35	G.S. 58-6-25 associated with those hospital reimbursements.	



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(6d)(6e) Healthcare access and stabilization program (HASP). – The directed payment program providing increased reimbursements to acute care hospitals and freestanding psychiatric hospitals as approved by CMS and authorized by G.S. 108A-148.1.
SECTION 2 (b) C S 108A 1461 roads as rewritten:
SECTION 2.(b) G.S. 108A-146.1 reads as rewritten: "§ 108A-146.1. Public hospital modernized assessment.
(a) The public hospital modernized assessment imposed under this Part shall apply to all
public acute care hospitals.
(b) The public hospital modernized assessment shall be assessed as a percentage of each
public acute care hospital's hospital costs. The assessment percentage shall be calculated
quarterly by the Department of Health and Human Services in accordance with this Part. The
percentage for each quarter shall equal the aggregate <u>acute care hospital</u> modernized assessment
collection amount under G.S. 108A-146.5 multiplied by the public hospital historical assessment
share and divided by the total hospital costs for all public acute care hospitals holding a license
on the first day of the assessment quarter."
SECTION 2.(c) G.S. 108A-146.3 reads as rewritten:
"§ 108A-146.3. Private hospital modernized assessment.
(a) The private hospital modernized assessment imposed under this Part shall apply to all
private acute care hospitals.
(b) The private hospital modernized assessment shall be assessed as a percentage of each
private acute care hospital's hospital costs. The assessment percentage shall be calculated
quarterly by the Department of Health and Human Services in accordance with this Part. The
percentage for each quarter shall equal the aggregate <u>acute care hospital</u> modernized assessment
collection amount under G.S. 108A-146.5 multiplied by the private hospital historical assessment
share and divided by the total hospital costs for all private acute care hospitals holding a license
on the first day of the assessment quarter."
<b>SECTION 2.(d)</b> Part 2 of Article 7B of Chapter 108A of the General Statutes is
amended by adding a new section to read:
" <u>§ 108A-146.4. Freestanding psychiatric hospital modernized assessment.</u>
(a) The freestanding psychiatric hospital modernized assessment imposed under this Part
shall apply to all freestanding psychiatric hospitals.
(b) The freestanding psychiatric hospital modernized assessment shall be assessed as a
percentage of each freestanding psychiatric hospital's hospital costs. The assessment percentage shall be calculated quarterly by the Department of Health and Human Services in accordance
with this Part. The percentage for each quarter shall equal the modernized freestanding
psychiatric hospital HASP component under G.S. 108A-146.10A divided by the total hospital
costs for all freestanding psychiatric hospitals holding a license on the first day of the assessment
quarter."
SECTION 2.(e) G.S. 108A-146.5 reads as rewritten:
"§ 108A-146.5. Aggregate <u>acute care hospital modernized assessment collection amount.</u>
(a) I he aggregate modernized assessment collection amount is an amount of money that
(a) The aggregate modernized assessment collection amount is an amount of money that is calculated by subtracting the modernized intergovernmental transfer adjustment component
is calculated by subtracting the modernized intergovernmental transfer adjustment component
is calculated by subtracting the modernized intergovernmental transfer adjustment component under G.S. 108A-146.13 from the total modernized nonfederal receipts under subsection (b) of
is calculated by subtracting the modernized intergovernmental transfer adjustment component under G.S. 108A-146.13 from the total modernized nonfederal receipts under subsection (b) of this section and then adding the positive or negative amount of the modernized IGT actual
is calculated by subtracting the modernized intergovernmental transfer adjustment component under G.S. 108A-146.13 from the total modernized nonfederal receipts under subsection (b) of this section and then adding the positive or negative amount of the modernized IGT actual receipts adjustment component under G.S. 108A-146.14.
<ul> <li>is calculated by subtracting the modernized intergovernmental transfer adjustment component under G.S. 108A-146.13 from the total modernized nonfederal receipts under subsection (b) of this section and then adding the positive or negative amount of the modernized IGT actual receipts adjustment component under G.S. 108A-146.14.</li> <li>(b) The total modernized nonfederal receipts is the sum of all of the following:</li> </ul>
<ul> <li>is calculated by subtracting the modernized intergovernmental transfer adjustment component under G.S. 108A-146.13 from the total modernized nonfederal receipts under subsection (b) of this section and then adding the positive or negative amount of the modernized IGT actual receipts adjustment component under G.S. 108A-146.14.</li> <li>(b) The total modernized nonfederal receipts is the sum of all of the following:</li> </ul>

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1 2	(3a)	The modernized <u>acute care hospital HASP</u> component under G.S. 108A-146.10.
3	<u>(3b)</u>	The modernized freestanding psychiatric hospital HASP component under
4	<u>(50)</u>	G.S. 108A-146.10A.
5	(4)	The GME component under G.S. 108A-146.11.
6	(5)	Beginning April 1, 2022, and ending March 31, 2027, the postpartum
7	(5)	coverage component under G.S. 108A-146.12.
8	(6)	Beginning April 1, 2024, the home and community-based services component
9		under G.S. 108A-146.12A.
10		ggregate acute care hospital modernized assessment collection amount is an
11		y equal to the aggregate modernized assessment collection amount under
12		this section minus the modernized freestanding psychiatric hospital HASP
13	· · · · · · · · · · · · · · · · · · ·	<u>G.S. 108A-146.10A.</u> "
14		<b>ION 2.(f)</b> G.S. 108A-146.10 reads as rewritten:
15		Modernized <u>acute care hospital</u> HASP component.
16		zed <u>acute care hospital</u> HASP component is an amount of money that is
17	1	uarter by multiplying the aggregate amount of HASP directed payments due to
18		ent quarter for hospital-reimbursements to acute care hospitals that are not
19		ewly eligible individuals by the nonfederal share for not newly eligible
20	individuals."	
21		<b>TON 2.(g)</b> Part 2 of Article 7B of Chapter 108A of the General Statutes is
22	•	ng a new section to read:
23		. Modernized freestanding psychiatric hospital HASP component.
24		ed freestanding psychiatric hospital HASP component is an amount of money
25		each quarter by multiplying the aggregate amount of HASP directed payments
26		e current quarter for reimbursements to freestanding psychiatric hospitals that
27		le to newly eligible individuals by the nonfederal share for not newly eligible
28	individuals."	$\mathbf{U}$ $\mathbf{V}$ $\mathbf{A}$
29 30		<b>ION 2.(h)</b> G.S. 108A-146.13 reads as rewritten: <b>Modernized presumptive IGT adjustment component.</b>
30 31	-	Wodermzed presumptive IG1 adjustment component.
32	 (c) The n	nodernized presumptive IGT adjustment component is an amount of money
32 33	. ,	of all of the following subcomponents:
33 34	(1)	The public hospital IGT subcomponent is the total of the following amounts:
34 35	(1)	a. Sixteen and forty-three hundredths percent (16.43%) of the amount of
35 36		money that is equal to the total modernized nonfederal receipts under
30 37		G.S. 108A-146.5(b) for the current quarter minus the modernized
38		acute care hospital HASP component under G.S. 108A-146.10 for the
30 39		current <u>quarter and minus the modernized freestanding psychiatric</u>
39 40		hospital HASP component under G.S. 108A-146.10A for the current
40 41		
41		<ul><li>quarter.</li><li>b. Sixty percent (60%) of the nonfederal share for not newly eligible</li></ul>
42 43		individuals of the aggregate amount of HASP directed payments due
43 44		to PHPs in the current quarter for reimbursements to public acute care
44 45		hospitals and that are not attributable to newly eligible individuals.
45 46	(2)	The UNC Health Care System IGT subcomponent is the total of the following
40 47	(2)	amounts:
47		
40 49		a. Four and sixty-two hundredths percent (4.62%) of the difference of amount of money that is equal to the total modernized nonfederal
49 50		receipts under G.S. 108A-146.5(b) for the current quarter minus the
50		modernized <u>acute care hospital</u> HASP component under
51		modernized <u>acute care nospital n</u> ASF component under

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1		G.S. 108A-146.10 for the current guarter and m	inus the modernized
2		freestanding psychiatric hospital HASP	component under
3		<u>G.S. 108A-146.10A for the current quarter.</u>	
4	b.	The nonfederal share for not newly eligible	individuals of the
5	0.	aggregate amount of HASP directed payments	
6		current quarter for reimbursements to UNC I	
7		hospitals that are not attributable to newly eligible	
8	(2) The I		
0 9	· · /	East Carolina University IGT subcomponent is the t	total of the following
	amou		difference of emount
10	a.	One and four hundredths percent (1.04%) of the	
11		of money that is equal to the total modernized	-
12		under G.S. 108A-146.5(b) for the current	1
13		modernized <u>acute care hospital</u> HASP	1
14		G.S. 108A-146.10 for the current <u>quarter and m</u>	
15		freestanding psychiatric hospital HASP	component under
16		G.S. 108A-146.10A for the current quarter.	
17	b.	The nonfederal share for not newly eligible	
18		aggregate amount of HASP directed payments	
19		current quarter for reimbursements to the primar	
20		hospital for the East Carolina University Brody	
21		that are not attributable to newly eligible individu	uals."
22		<b>6.(a)</b> G.S. 108A-147.1 reads as rewritten:	
23	"§ 108A-147.1. Public	hospital health advancement assessment.	
24	(a) The public h	nospital health advancement assessment imposed	under this Part shall
25	apply to all public acute	<b>▲</b>	
26	(b) The public h	ospital health advancement assessment shall be asse	essed as a percentage
27	of each public acute care	e hospital's hospital costs. The assessment percentag	ge shall be calculated
28	quarterly by the Departi	nent in accordance with this Part. The percentage f	for each quarter shall
29	equal the aggregate ac	ute care hospital health advancement assessmen	t collection amount
30	calculated under G.S. 1	08A-147.3 multiplied by the public hospital histori	cal assessment share
31	and divided by the total	hospital costs for all public acute care hospitals hol	ding a license on the
32	first day of the assessme	ent quarter."	
33	SECTION 3	<b>G.(b)</b> G.S. 108A-147.2 reads as rewritten:	
34		e hospital health advancement assessment.	
35	(a) The private	hospital health advancement assessment imposed	under this Part shall
36	apply to all private acute	e care hospitals.	
37	(b) The private h	ospital health advancement assessment shall be asse	essed as a percentage
38	of each private acute car	e hospital's hospital costs. The assessment percentage	ge shall be calculated
39	quarterly by the Departi	nent in accordance with this Part. The percentage f	For each quarter shall
40	equal the aggregate ac	ute care hospital health advancement assessmen	t collection amount
41		08A-147.3 multiplied by the private hospital histori	
42		hospital costs for all private acute care hospitals hol	
43	first day of the assessme	1 1 1	U
44		<b>B.(c)</b> Part 3 of Article 7B of Chapter 108A of the	e General Statutes is
45	amended by adding a ne	· · ·	
46		standing psychiatric hospital health advancemen	t assessment.
47		ding psychiatric hospital health advancement assess	
48		ll freestanding psychiatric hospitals.	<u>.</u>
49	· · · · · · · · · · · · · · · · · · ·	ding psychiatric hospital health advancement a	assessment shall be
50		of each freestanding psychiatric hospital's hospital c	
51		culated quarterly by the Department in accordance	
~ 1			

## **General Assembly Of North Carolina** Session 2025 1 percentage for each quarter shall equal the health advancement freestanding psychiatric hospital 2 HASP component calculated under G.S. 108A-147.6A divided by the total hospital costs for all 3 freestanding psychiatric hospitals holding a license on the first day of the assessment quarter." 4 SECTION 3.(d) G.S. 108A-147.3 reads as rewritten: 5 "§ 108A-147.3. Aggregate acute care hospital health advancement assessment collection 6 amount. 7 The aggregate health advancement assessment collection amount is an amount of (a) 8 money that is calculated quarterly by adjusting the total nonfederal receipts for health 9 advancement calculated under subsection (b) of this section by (i) subtracting the health 10 advancement presumptive IGT adjustment component calculated under G.S. 108A-147.9, (ii) 11 adding the positive or negative health advancement IGT actual receipts adjustment component 12 calculated under G.S. 108A-147.10, and (iii) subtracting the positive or negative IGT share of 13 the reconciliation adjustment component calculated under G.S. 108A-147.11(b). 14 (b) The total nonfederal receipts for health advancement is an amount of money that is 15 calculated quarterly by adding all of the following: 16 (1)The presumptive service cost component calculated under G.S. 108A-147.5. 17 The HASP health advancement acute care hospital HASP component (2)18 calculated under G.S. 108A-147.6. 19 The health advancement freestanding psychiatric hospital HASP component (2a) 20 calculated under G.S. 108A-147.6A. 21 (3) The administration component calculated under G.S. 108A-147.7. 22 (4) The State retention component under G.S. 108A-147.9. 23 The positive or negative health advancement reconciliation adjustment (5) 24 component calculated under G.S. 108A-147.11(a). 25 The aggregate acute care hospital health advancement assessment collection amount (c) 26 is an amount of money equal to the aggregate health advancement assessment collection amount 27 under subsection (a) of this section minus the health advancement freestanding psychiatric 28 hospital HASP component under G.S. 108A-147.6A." 29 SECTION 3.(e) G.S. 108A-147.5 reads as rewritten: 30 "§ 108A-147.5. Presumptive service cost component. 31 For every State fiscal quarter prior to the fiscal quarter in which G.S. 108A-54.3A(24) (a) 32 becomes effective, the presumptive service cost component is zero. 33 For the State fiscal quarter in which G.S. 108A-54.3A(24) becomes effective, the (b)34 presumptive service cost component is the product of forty-eight million seven hundred fifty 35 thousand dollars (\$48,750,000) multiplied by the number of months in that State fiscal quarter in 36 which G.S. 108A-54.3A(24) is effective during any part of the month. 37 (c) For the first State fiscal quarter after the State fiscal quarter in which 38 G.S. 108A-54.3A(24) becomes effective, the presumptive service cost component is one hundred 39 forty-six million two hundred fifty thousand dollars (\$146,250,000). 40 For the second State fiscal quarter after the State fiscal quarter in which (d) G.S. 108A-54.3A(24) becomes effective, and for each State fiscal quarter thereafter, the 41 42 presumptive service cost component is an amount of money that is the greatest of the following: 43 The prior quarter's presumptive service cost component amount. (1)The prior quarter's presumptive service cost component amount increased by 44 (2)45 a percentage that is the sum of each monthly percentage change in the 46 Consumer Price Index: Medical Care for the most recent three months 47 available on the first day of the current quarter. 48 The prior quarter's presumptive service cost component amount increased by (3) 49 the percentage change in the weighted average of the base capitation rates for 50 standard benefit plans for all rating groups associated with newly eligible 51 individuals compared to the prior quarter. The weight for each rating group

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1 2 3	(4)	shall be calculated using member months documented managed care capitation rate certification for standard ber The prior quarter's presumptive service cost component a	nefit plans.
4 5		the percentage change in the weighted average of the base	capitation rates for
5 6		BH IDD tailored plans for all rating groups associated individuals compared to the prior quarter. The weight for	
7		shall be calculated using member months documented	
8		managed care capitation rate certification for BH IDD tail	1
9	(5)	The amount produced from multiplying 1.15 by the higher	-
10 11		when calculating, for each quarter that is at least two and quarters prior to the current quarter, the actual nonfederal of	
12		applicable quarter minus the HASP health advancement	1
13		<u>HASP</u> component calculated under G.S. 108A-147.6	
14		quarter and minus the health advancement freestanding	
15		HASP component calculated under G.S. 108A-147.6A	for the applicable
16	SEC	quarter."	
17 18		<b>FION 3.(f)</b> G.S. 108A-147.6 reads as rewritten: HASP health Health advancement acute care hospital H	ASP component
18 19		ealth advancement <u>acute care hospital HASP</u> component is a	
20		by multiplying the aggregate amount of HASP directed pay	
21		arter for hospital reimbursements to acute care hospitals at	
22	U U	als by the nonfederal share for newly eligible individuals."	
23		<b>TION 3.(g)</b> Part 3 of Article 7B of Chapter 108A of the	General Statutes is
24	•	ng a new section to read:	
25 26		Health advancement freestanding psychiatric hospital vancement freestanding psychiatric hospital HASP comport	
20 27		culated by multiplying the aggregate amount of HASP direction	
28	•	current quarter for reimbursements to freestanding ps	
29		wly eligible individuals by the nonfederal share for newly eligible	• •
30		<b>TION 3.(h)</b> G.S. 108A-147.11 reads as rewritten:	
31		Health advancement reconciliation adjustment comport	
32		nealth advancement reconciliation adjustment componen	1
33 34		mount equal to the actual nonfederal expenditures for the the current quarter minus the sum of the following specified	
34 35	(1)	The presumptive service cost component calculated under	
36	(1)	for the quarter that is two quarters prior to the current qua	
37	(2)	The positive or negative gross premiums tax offset amou	
38		G.S. 108A-147.12(b).	
39	(3)	The HASP health advancement acute care hospital	
40		calculated under G.S. 108A-147.6 for the quarter that is to	wo quarters prior to
41	$(\mathbf{A})$	the current quarter.	
42 43	<u>(4)</u>	The health advancement freestanding psychiatric hospital calculated under G.S. 108A-147.6A for the quarter that is	
43 44		to the current quarter.	<u>s two quarters prior</u>
45	(b) The I	GT share of the reconciliation adjustment component is a p	positive or negative
46		it is calculated by multiplying the health advancement recond	
47	1	lated under subsection (a) of this section by the share of p	ublic hospital costs
48		subsection (c) of this section.	
49 50	. ,	hare of public hospital costs is calculated by adding total he	1
50 51		e System, total hospital costs for the primary affiliated teach iversity Brody School of Medicine, and sixty percent (60%)	
51	Last Calolilla Ull	iversity brody school of medicine, and sixty percent (00%)	or the total hospital

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costs for all public acute care hospitals and dividing that sum by the total hospital costs for all
 acute care hospitals except for critical access hospitals."

3 **SECTION 4.** Except as otherwise provided, this act is effective on the first day of

4 the next assessment quarter after the date this act becomes law and applies to assessments5 imposed on or after that date.