FISCAL NOTE

This bill creates the Ground Ambulance Provider Assessment Account. Funds in the account are continuously appropriated to the Department of Health (Department) for the purposes specified in W.S. 41-11-101 through 42-11-109.

	FY 2022	FY 2023	FY 2024
NON-ADMINISTRATIVE IMPACT			
Anticipated Revenue increase			
GROUND AMBULANCE PROVIDER ASSESS. ACCT.	\$1,450,000	\$1,500,000	\$1,550,000
FEDERAL FUNDS	\$1,450,000	\$1,500,000	\$1,550,000

Source of revenue increase: This bill creates a ground ambulance provider assessment. This assessment is eligible for a federal match in an equal amount up to the maximum allowed amount by the Medicare Upper Payment Limit (UPL).

Assumptions: The estimated revenue for the proposed provider assessment in the table above was provided by the Department and represents the estimated UPL gap with a 50% Federal Medical Assistance Percentages (FMAP).

	FY 2022	FY 2023	FY 2024
NON-ADMINISTRATIVE IMPACT			
Anticipated Expenditure increase			
GROUND AMBULANCE PROVIDER ASSESS.	\$2,871,000	\$2,970,000	\$3,069,000
ACCT. (600 series)			
GROUND AMBULANCE PROVIDER ASSESS.	\$29,000	\$30,000	\$31,000
ACCT. (100 series)			

Source of expenditure increase: The source of the expenditure increase is the payments made to the ground ambulance service providers and administration.

Assumptions: Analysis by the Department based on FY 2019 claims data showed an estimated UPL gap of \$2,668,000. The estimated expenditures in the table above is based on the Department's analysis and includes a year-over-year estimated increase of 3%. The bill also allows the Department to use 1% of the annual aggregate fund amount for administration of the program.

NOTICE-AGENCY ESTIMATE OF ADMINISTRATIVE IMPACT REQUESTED

This bill has <u>administrative impact</u> that appears to increase duties or responsibilities of one or more state agencies and may impact agency spending or staffing requirements. As introduced, the bill does not modify any state agency budget or current personnel authorizations.

The following state agencies will be asked to provide their estimate of the administrative fiscal impact prior to the first committee meeting held to consider the bill:

Department of Health

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