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HOUSE BILL 1662

State of Washington

68th Legislature

2023 Regular Session

By Representatives Tharinger and Chapman

- AN ACT Relating to payments for certain sole community hospitals under medical assistance programs; amending RCW 74.09.5225; providing an effective date; and declaring an emergency.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 5 **Sec. 1.** RCW 74.09.5225 and 2017 c 198 s 1 are each amended to 6 read as follows:
- Payments for recipients eligible for medical assistance 7 programs under this chapter for services provided by hospitals, 8 regardless of the beneficiary's managed care enrollment status, shall 9 10 be made based on allowable costs incurred during the year, when 11 services are provided by a rural hospital certified by the centers 12 for medicare and medicaid services as a critical access hospital, 13 unless the critical access hospital is participating Washington rural health access preservation pilot described in 14 15 subsection (2)(b) of this section. Any additional payments made by 16 the authority for the healthy options program shall be no more than 17 the additional amounts per service paid under this section for other 18 medical assistance programs.
 - (2) (a) Beginning on July 24, 2005, except as provided in (b) of this subsection, a moratorium shall be placed on additional hospital participation in critical access hospital payments under this

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section. However, rural hospitals that applied for certification to the centers for medicare and medicaid services prior to January 1, 3 2005, but have not yet completed the process or have not yet been 4 approved for certification, remain eligible for medical assistance 5 payments under this section.

- (b)(i) The purpose of the Washington rural health access preservation pilot is to develop an alternative service and payment system to the critical access hospital authorized under section 1820 of the social security act to sustain essential services in rural communities.
- (ii) For the purposes of state law, any rural hospital approved by the department of health for participation in critical access hospital payments under this section that participates in the Washington rural health access preservation pilot identified by the state office of rural health and ceases to participate in critical access hospital payments may renew participation in critical access hospital associated payment methodologies under this section at any time.
- 19 (iii) The Washington rural health access preservation pilot is 20 subject to the following requirements:
 - (A) In the pilot formation or development, the department of health, health care authority, and Washington state hospital association will identify goals for the pilot project before any hospital joins the pilot project;
 - (B) Participation in the pilot is optional and no hospital may be required to join the pilot;
 - (C) Before a hospital enters the pilot program, the health care authority must provide information to the hospital regarding how the hospital could end its participation in the pilot if the pilot is not working in its community;
 - (D) Payments for services delivered by public health care service districts participating in the Washington rural health access preservation pilot to recipients eligible for medical assistance programs under this chapter must be based on an alternative, value-based payment methodology established by the authority. Subject to the availability of amounts appropriated for this specific purpose, the payment methodology must provide sufficient funding to sustain essential services in the areas served, including but not limited to emergency and primary care services. The methodology must adjust payment amounts based on measures of quality and value, rather than

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volume. As part of the pilot, the health care authority shall encourage additional payers to use the adopted payment methodology for services delivered by the pilot participants to individuals insured by those payers;

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- (E) The department of health, health care authority, and Washington state hospital association will report interim progress to the legislature no later than December 1, 2018, and will report on the results of the pilot no later than six months following the conclusion of the pilot. The reports will describe any policy changes identified during the course of the pilot that would support small critical access hospitals; and
- (F) Funds appropriated for the Washington rural health access preservation pilot will be used to help participating hospitals transition to a new payment methodology and will not extend beyond the anticipated three-year pilot period.
- (3) (a) Beginning ((January 1, 2015)) July 1, 2023, payments for recipients eligible for medical assistance programs under this chapter for services provided by a hospital, regardless of the beneficiary's managed care enrollment status, shall be increased to ((one hundred twenty-five)) 150 percent of the hospital's fee-forservice rates, when services are provided by a rural hospital that:
- 22 (i) Was certified by the centers for medicare and medicaid 23 services as a sole community hospital as of January 1, 2013;
 - (ii) Had a level III adult trauma service designation from the department of health as of January 1, 2014;
- 26 (iii) Had less than (($\frac{\text{one hundred fifty}}{\text{one hundred fifty}}$) $\frac{150}{\text{one hundred fifty}}$) acute care licensed 27 beds in fiscal year 2011; and
- 28 (iv) Is owned and operated by the state or a political subdivision.
- 30 (b) The enhanced payment rates under this subsection shall be 31 considered the hospital's medicaid payment rate for purposes of any 32 other state or private programs that pay hospitals according to 33 medicaid payment rates.
- 34 (c) Hospitals participating in the certified public expenditures 35 program may not receive the increased reimbursement rates provided in 36 this subsection (3) for inpatient services.
- 37 <u>NEW SECTION.</u> **Sec. 2.** This act is necessary for the immediate preservation of the public peace, health, or safety, or support of

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- 1 the state government and its existing public institutions, and takes
- 2 effect July 1, 2023.

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