## 2956-S2 AMH CODY CORN 119

## 2SHB 2956 - H AMD 1545

By Representative Cody

ADOPTED 3/09/2010

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On page 13, beginning on line 20, after "charges" strike all
 1
 2 material through "this chapter" on line 22, and insert "or billings to
 3 patients or third party payers as a result of the assessments under
 4 this chapter.
                    The department may require hospitals to submit
 5 certified statements by their chief financial officers or equivalent
 6 officials attesting that they have not increased charges or billings
 7 as a result of the assessments"
 8
 9
       On page 16, line 37, after "than" strike "those" and insert "the
10 combined rates"
11
       On page 16, line 38, after "by" strike "section" and insert
12
13
  "sections 9 and"
14
       On page 18, line 34, after "in" insert "inpatient"
15
16
17
       On page 19, beginning on line 1, strike all of section 15
18
19
       Renumber sections consecutively and correct internal references
20 accordingly.
2.1
22
       On page 33, after line 29, insert the following:
23
24
       "NEW SECTION. Sec. 21. A new section is added to chapter 70.47 RCW
25 to read as follows:
26
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27

- 1 The increases in inpatient and outpatient reimbursement rates
- 2 included in this act shall not be reflected in hospital payment rates
- 3 for services provided to basic health enrollees under this chapter."

4

5 Renumber sections consecutively and correct internal references 6 accordingly. Correct the title.

Allows the Department of Social and Health Services (DSHS) to require chief financial officers of hospitals, or similar officials, to submit certified statements that they have not increased charges or billings as a result of the assessments. Specifies that the DSHS shall require managed care organizations and regional support networks to reimburse hospitals at rates no lower than the combination of the rate restorations and rate increases specified in the act once the conditions of the act have been met. Specifies that the one percent hospital payment increase for hospitals that meet quality incentive benchmarks applies to inpatient hospital payments. Eliminates the requirement that the DSHS Medical Assistance program must increase assessments to support rate increases for inpatient psychiatric services provided to individuals that have been admitted for involuntary treatment. Specifies that the increases in inpatient and outpatient reimbursement rates in this act shall not be reflected in hospital payment rates for services provided to Basic Health Plan enrollees.

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