## SENATE BILL 5859

State of Washington 63rd Legislature 2013 Regular Session

By Senators Braun, Hatfield, Holmquist Newbry, and Hargrove Read first time 02/26/13. Referred to Committee on Ways & Means.

- AN ACT Relating to providing enhanced payment to small rural hospitals that meet the criteria of a sole community hospital; amending RCW 74.09.5225; creating a new section; providing an effective date;
- 4 and declaring an emergency.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- Sec. 1. The legislature finds that promoting a 6 NEW SECTION. financially viable health care system in all parts of the state is a critical interest. The federal centers for medicare and medicaid 8 9 services has recognized the crucial role hospitals play in providing care in rural areas by creating the sole community hospital program, 10 which allows certain small rural hospitals to receive enhanced payments 11 for medicare services. The legislature further finds that creating a 12 similar reimbursement system for the state's medicaid program for sole 13 14 community hospitals will promote the long-term financial viability of 15 the rural health care system in those communities.
- 16 **Sec. 2.** RCW 74.09.5225 and 2011 1st sp.s. c 15 s 31 are each 17 amended to read as follows:
- 18 (1) Payments for recipients eligible for medical assistance

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programs under this chapter for services provided by hospitals, regardless of the beneficiary's managed care enrollment status, shall be made based on allowable costs incurred during the year, when services are provided by a rural hospital certified by the centers for medicare and medicaid services as a critical access hospital. Any additional payments made by the authority for the healthy options program shall be no more than the additional amounts per service paid under this section for other medical assistance programs.

- (2) Beginning on July 24, 2005, a moratorium shall be placed on additional hospital participation in critical access hospital payments under this section. However, rural hospitals that applied for certification to the centers for medicare and medicaid services prior to January 1, 2005, but have not yet completed the process or have not yet been approved for certification, remain eligible for medical assistance payments under this section.
- (3) 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 percent of the hospital's feefor-service rates, when services are provided by a rural hospital certified by the centers for medicare and medicaid services as a sole community hospital as of January 1, 2013, with less than one hundred fifty acute care licensed beds in fiscal year 2011. The enhanced payment rates under this subsection shall be considered the hospital's medicaid payment rate for purposes of any other state or private programs that pay hospitals according to medicaid payment rates. Hospitals participating in the certified public expenditures program may not receive the increased reimbursement rates provided in this subsection for inpatient services.
- NEW SECTION. Sec. 3. This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect July 1, 2013.

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