

SSB 5092 - S AMD 526  
By Senator Warnick

NOT ADOPTED 04/01/2021

1 On page 119, line 5, increase the General Fund—State  
2 Appropriation (FY 2022) by \$3,462,000

3 On page 119, line 6, increase the General Fund—State  
4 Appropriation (FY 2023) by \$3,462,000

5 On page 119, line 7, increase the General Fund—Federal  
6 Appropriation by \$13,164,000

7 Adjust the total appropriation accordingly.

8 On page 125, line 28, after "participating hospitals." insert "It  
9 is the intent of the legislature in the 2023-2025 fiscal biennium to  
10 provide funding for state grants for participating hospitals at  
11 levels assuming federal disproportionate share hospital reductions  
12 continue to be suspended in fiscal years 2024 and 2025."

13 On page 139, after line 20, insert the following:

14 "(59) \$2,362,000 of the general fund—state appropriation for  
15 fiscal year 2022, \$2,362,000 of the general fund—state appropriation  
16 for fiscal year 2023, and \$8,264,000 of the general fund—federal  
17 appropriation are provided solely to increase the rates paid to low  
18 volume, small rural hospitals that meet the criteria in (a) through  
19 (d) of this subsection. Payments for state and federal medical  
20 assistance programs for services provided by such a hospital,  
21 regardless of the beneficiary's managed care enrollment status, must  
22 be increased to 150 percent of the hospital's fee-for-service rates  
23 beginning July 1, 2021. The authority must discontinue this rate  
24 increase after June 30, 2023, and return to the payment levels and  
25 methodology for these hospitals that were in place as of June 30,  
26 2020. A hospital qualifying for this rate increase must:

27 (a) Have fewer than 70 available acute beds as reported in the  
28 hospital's 2018 department of health year-end report;

1 (b) Not be currently designated as a critical access hospital,  
2 and not meet the current federal eligibility requirements for  
3 designation as a critical access hospital;

4 (c) Not be a certified public expenditure hospital;

5 (d) Have combined medicare and medicaid inpatient days greater  
6 than 80 percent as reported in the hospital's 2018 cost report.

7 (60) \$1,100,000 of the general fund—state appropriation for  
8 fiscal year 2022, \$1,100,000 of the general fund—state appropriation  
9 for fiscal year 2023, and \$4,900,000 of the general fund—federal  
10 appropriation are provided solely to increase the rates paid to rural  
11 regional referral hospitals that meet the criteria in (a) through (g)  
12 of this subsection. Payments for state and federal medical assistance  
13 programs for services provided by such a hospital, regardless of the  
14 beneficiary's managed care enrollment status, must be increased to  
15 110 percent of the current medicaid hospital's fee-for-service rates  
16 beginning July 1, 2021, for the state medicaid plan and for each of  
17 the managed care organization's contracted rates with the hospital.  
18 The authority must discontinue this rate increase after June 30,  
19 2023, and return to the payment levels and methodology for these  
20 hospitals that were in place as of June 30, 2021. To qualify for this  
21 increase, a hospital must:

22 (a) Have greater than 170 available acute beds as reported in the  
23 hospital's 2019 department of health year-end report;

24 (b) Be currently designated by the centers for medicare and  
25 medicaid services as a sole community hospital located in north  
26 central Washington;

27 (c) Have a medicaid eligible population greater than 30 percent  
28 of the service population;

29 (d) Have medicaid revenue greater than 17 percent of total gross  
30 revenue as reported on the hospital's 2019 medicare cost report;

31 (e) Be designated by the state of Washington as a level 3 adult  
32 trauma center and a level 3 pediatric trauma center;

33 (f) Be designated by the state of Washington as a level 2  
34 nursery; and

35 (g) Be designated as a certified stroke center."

EFFECT: Increases funding for Astria Toppenish Hospital to 150%  
of the Medicaid fee schedule for FY 2022 and 2023. Provides a ten  
percent increase to inpatient and outpatient hospital rates for  
Central Washington Hospital for FY 2022 and 2023. Assumes ongoing  
savings attributable to the Certified Public Expenditure Program

based on federal reductions to the Disproportionate Share Hospital program being suspended beyond FY 2023.

EXPENDITURE EFFECT (2021-2023): \$6,924,000 Near General Fund—  
State/\$20,088,000 Total Funds

FOUR-YEAR OUTLOOK EXPENDITURE EFFECT: (\$47,131,000) Savings Near  
General Fund—State

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