

2SSB 5596 - H COMM AMD

By Committee on Appropriations

ADOPTED AS AMENDED 03/06/2008

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43 RCW
4 to read as follows:

5 (1)(a) Except as provided in (b) of this subsection, a health
6 carrier may not develop and use a payment methodology that would result
7 in a payment to a chiropractor under a physical medicine and
8 rehabilitation payment or billing code in an amount less than a payment
9 to a different provider licensed under Title 18 RCW who is being paid
10 under the same physical medicine and rehabilitation payment or billing
11 code. For payment methodologies that are developed and used on or
12 after January 1, 2009, it is presumed that payment or billing codes
13 that apply only to health care services provided by chiropractors are
14 not in compliance with this requirement unless the carrier shows to the
15 commissioner's satisfaction that the payment or billing codes are used
16 only to achieve the purposes permitted under (b) of this subsection.

17 (b) This section does not affect a health carrier's:

18 (i) Implementation of a health care quality improvement program to
19 promote cost-effective and clinically efficacious health care services,
20 including but not limited to pay-for-performance payment methodologies
21 and other programs fairly applied to all health care providers licensed
22 under Title 18 RCW that are designed to promote evidence-based and
23 research-based practices;

24 (ii) Health care provider contracting to comply with the network
25 adequacy standards of RCW 48.43.515 and the rules adopted by the
26 commissioner establishing network adequacy standards; or

27 (iii) Payment differentials that address: (A) The cost of
28 maintaining health care providers' practices including, but not limited
29 to, equipment and overhead costs and medical malpractice insurance

1 premium obligations; (B) differences in applicable provider training
2 requirements; or (C) differences in providers' authorized scope of
3 practice.

4 (c) This section does not, and may not be construed to:

5 (i) Require the payment of provider billings that do not meet the
6 definition of a clean claim as set forth in rules adopted by the
7 commissioner;

8 (ii) Require any health plan to include coverage of any condition;
9 or

10 (iii) Expand the scope of practice for any health care provider.

11 (2) This section applies only to payment methodologies developed or
12 used on or after January 1, 2009.

13 **Sec. 2.** RCW 41.05.017 and 2007 c 502 s 2 are each amended to read
14 as follows:

15 Each health plan that provides medical insurance offered under this
16 chapter, including plans created by insuring entities, plans not
17 subject to the provisions of Title 48 RCW, and plans created under RCW
18 41.05.140, are subject to the provisions of RCW 48.43.500, 70.02.045,
19 48.43.505 through 48.43.535, 43.70.235, 48.43.545, 48.43.550,
20 70.02.110, 70.02.900, section 1 of this act, and 48.43.083.

21 NEW SECTION. **Sec. 3.** If specific funding for the purposes of this
22 act, referencing this act by bill or chapter number, is not provided by
23 June 30, 2008, in the omnibus appropriations act, this act is null and
24 void."

25 Correct the title.

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