

2SSB 5596 - H COMM AMD

By Committee on Health Care & Wellness

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

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

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

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

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

27 (i) Require the payment of provider billings that do not meet
28 billing and claim payment standards set forth in rules adopted by the
29 commissioner;

1 (ii) Require any health plan to include coverage of any condition;
2 or
3 (iii) Expand the scope of practice for any health care provider.
4 (2) This section applies only to payment methodologies developed or
5 used on and after January 1, 2009."

6 Correct the title.

EFFECT: The amendment:

(1) Deletes a prohibition related to paying lesser amounts for chiropractic services that are substantially similar to services provided by another profession (and retains the prohibition against paying chiropractors less than a different provider is paid under the same billing code);

(2) Adds that billing codes developed after January 1, 2009, that apply only to chiropractic services are presumed to be out of compliance, unless the codes are shown to be for quality improvement or network adequacy purposes (see below);

(3) Adds that this payment requirement does not affect:

(a) The health carrier's implementation of health care quality improvement programs, including pay-for-performance payment methodologies and other programs fairly applied to all providers; or

(b) Contracting to comply with network adequacy requirements; and

(4) Adds these changes do not require payment of billings that do not meet Insurance Commissioner standards, do not require coverage of any condition, and do not expand any scope of practice.

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