

2SSB 5596 - H COMM AMD

By Committee on Appropriations

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

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

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

26 (ii) Health care provider contracting to comply with the network
27 adequacy standards of RCW 48.43.515 and the rules adopted by the
28 commissioner establishing network adequacy standards.

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

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

4 (ii) Require any health plan to include coverage of any condition;
5 or

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

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

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

11 Each health plan that provides medical insurance offered under this
12 chapter, including plans created by insuring entities, plans not
13 subject to the provisions of Title 48 RCW, and plans created under RCW
14 41.05.140, are subject to the provisions of RCW 48.43.500, 70.02.045,
15 48.43.505 through 48.43.535, 43.70.235, 48.43.545, 48.43.550,
16 70.02.110, 70.02.900, section 1 of this act, and 48.43.083.

17 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.43 RCW
18 to read as follows:

19 (1) Beginning January 1, 2009, the commissioner shall require
20 carriers to report such data as the commissioner may determine are
21 necessary for an evaluation of the impact of section 1 of this act on
22 the utilization and cost of health care services associated with
23 physical medicine and rehabilitation payment or billing codes and
24 evaluation and management payment or billing codes, and on the total
25 cost of episodes of care for treatment associated with the use of these
26 payment or billing codes.

27 (2) The data may include, but need not be limited to, the
28 following:

29 (a) Data on the utilization of physical medicine and rehabilitation
30 services and evaluation and management services associated with payment
31 or billing codes for those services;

32 (b) Data related to changes in the distribution or mix of health
33 care providers providing services under physical medicine and
34 rehabilitation payment or billing codes and evaluation and management
35 payment or billing codes;

1 (c) Data related to trends in carrier expenditures for services
2 associated with physical medicine and rehabilitation payment or billing
3 codes and evaluation and management payment or billing codes; and

4 (d) Data related to trends in carrier expenditures for the total
5 cost of health plan enrollee care for treatment of the presenting
6 health problems associated with the use of physical medicine and
7 rehabilitation payment or billing codes and evaluation and management
8 payment or billing codes.

9 (3) The commissioner may adopt rules necessary to implement this
10 section, including but not limited to the format and timing of data
11 reporting and defining the years for which data must be provided.

12 (4)(a) Data, information, and documents provided by the carrier
13 pursuant to this section are exempt from public inspection and copying
14 under chapter 42.56 RCW to the extent that they contain actuarial
15 formulas, statistics, and assumptions submitted in support of setting
16 rates for the carrier's health plans.

17 (b) The commissioner is authorized to use documents, materials, or
18 other information obtained pursuant to this section in the furtherance
19 of any regulatory activities, reports to the legislature, or legal
20 actions brought as a part of the commissioner's official duties.

21 (5) The commissioner shall submit the evaluation required in
22 subsection (1) of this section to the appropriate committees of the
23 senate and house of representatives by January 1, 2012.

24 NEW SECTION. **Sec. 4.** This act expires June 30, 2013."

25 Correct the title.

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