77th OREGON LEGISLATIVE ASSEMBLY--2013 Regular Session

HOUSE AMENDMENTS TO HOUSE BILL 2216

By COMMITTEE ON HEALTH CARE

March 14

1	On page 1 of the printed bill, delete lines 3 through 6 and insert "414.746 and sections 2, 3, 6,
2	7, 8, 9, 10, 12 and 13, chapter 736, Oregon Laws 2003; repealing ORS 414.746;".
3	In line 7, delete "Oregon Laws 2009;".
4	Delete lines 10 through 30 and delete pages 2 through 9 and insert:
5	"SECTION 1. (1) As used in this section, 'hospital' means a hospital that is subject to the
6	assessment imposed under section 2, chapter 736, Oregon Laws 2003.
7	"(2) In consultation with the President of the Senate and the Speaker of the House of
8	Representatives, the Director of the Oregon Health Authority shall appoint a hospital per-
9	formance metrics advisory committee consisting of nine members, including:
10	"(a) Four members who represent hospitals;
11	"(b) Three members who have expertise in measuring health outcomes; and
12	"(c) Two members who represent coordinated care organizations.
13	"(3) The hospital performance metrics advisory committee shall recommend three to five
14	performance standards that are reasonably attainable by hospitals within the biennium be-
15	ginning July 1, 2013, and that are consistent with state and national quality standards.
16	"(4) The Oregon Health Authority shall adopt by rule the procedures for distributing to
17	hospitals the moneys described in section 9 (2)(d), chapter 736, Oregon Laws 2003, to ensure
18	that such moneys are distributed as follows:
19	"(a) The authority shall distribute 50 percent of the moneys based upon each hospital's
20	compliance with data submission requirements.
21	"(b) The authority shall distribute the remainder of the moneys based upon each
22	hospital's achievement of the performance standards recommended by the hospital perform-
23	ance metrics advisory committee under subsection (3) of this section.
24	"SECTION 2. Section 2, chapter 736, Oregon Laws 2003, as amended by section 1, chapter 780,
25	Oregon Laws 2007, section 51, chapter 828, Oregon Laws 2009, and section 17, chapter 867, Oregon
26	Laws 2009, is amended to read:
27	"Sec. 2. (1) An assessment is imposed on the net revenue of each hospital in this state that is
28	not a waivered hospital. The assessment shall be imposed at a rate determined by the Director of
29	the Oregon Health Authority by rule that is the director's best estimate of the rate needed to fund
30	the services and costs identified in section 9, chapter 736, Oregon Laws 2003. The rate of assessment
31	shall be imposed on the net revenue of each hospital subject to assessment. The director shall con-
32	sult with representatives of hospitals before setting the assessment.
33	"(2) The assessment shall be reported on a form prescribed by the Oregon Health Authority and
34	shall contain the information required to be reported by the authority. The assessment form shall

shall contain the information required to be reported by the authority. The assessment form shall
be filed with the authority on or before the 75th day following the end of the calendar quarter for

1 which the assessment is being reported. Except as provided in subsection (6) of this section, the

hospital shall pay the assessment at the time the hospital files the assessment report. The payment
shall accompany the report.

4 "(3)(a) To the extent permitted by federal law, aggregate assessments imposed under this section 5 may not exceed the total of the following amounts received by the hospitals that are reimbursed by 6 Medicare based on diagnostic related groups:

"[(A) The adjustment to the capitation rate paid to Medicaid managed care organizations under
section 15, chapter 867, Oregon Laws 2009;]

9 "[(B)] (A) 30 percent of payments made to **the** hospitals on a fee-for-service basis by the au-10 thority for inpatient hospital services; [and]

11 "[(C)] (B) 41 percent of payments made to the hospitals on a fee-for-service basis by the authority for outpatient hospital services[.]; and

"(C) Payments made to the hospitals using a payment methodology established by the
 authority that advances the goals of the Oregon Integrated and Coordinated Health Care
 Delivery System described in ORS 414.620 (3).

"(b) Notwithstanding paragraph (a) of this subsection, aggregate assessments imposed for the biennium beginning July 1, [2009] **2013**, may exceed the total of the amounts described in paragraph (a) of this subsection to the extent necessary to compensate for any reduction of funding in the legislatively adopted budget for that biennium for hospital services under ORS [414.705 to 414.750]

20 **414.631, 414.651 and 414.688 to 414.750**.

"(4) Notwithstanding subsection (3) of this section, a hospital is not guaranteed that any additional moneys paid to the hospital in the form of payments for services shall equal or exceed the amount of the assessment paid by the hospital.

24 "(5) Hospitals operated by the United States Department of Veterans Affairs and pediatric spe-25 cialty hospitals providing care to children at no charge are exempt from the assessment imposed 26 under this section.

"(6)(a) The authority shall develop a schedule for collection of the assessment for the calendar quarter ending September 30, [2013] 2015, that will result in the collection occurring between December 15, [2013] 2015, and the time all Medicaid cost settlements are finalized for that calendar quarter.

31 "(b) The authority shall prescribe by rule criteria for late payment of assessments.

32 "SECTION 3. Section 3, chapter 736, Oregon Laws 2003, is amended to read:

33 "Sec. 3. (1) Notwithstanding section 2, [of this 2003 Act] chapter 736, Oregon Laws 2003, the 34 Director of [Human Services] the Oregon Health Authority shall reduce the rate of assessment 35 imposed under section 2, [of this 2003 Act] chapter 736, Oregon Laws 2003, to the maximum rate 36 allowed under federal law if the reduction is required to comply with federal law.

"(2) If federal law requires a reduction in the rate of assessments, the director shall, after consulting with representatives of the hospitals that are subject to the assessments, first reduce the distribution of moneys described in section 9 (2)(d), chapter 736, Oregon Laws 2003, by a corresponding amount.

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"SECTION 4. Section 6, chapter 736, Oregon Laws 2003, is amended to read:

42 "Sec. 6. (1) Any hospital that has paid an amount that is not required under sections 1 to 9,
43 [of this 2003 Act] chapter 736, Oregon Laws 2003, may file a claim for refund with the [Department
44 of Human Services] Oregon Health Authority.

45 "(2) Any hospital that is aggrieved by an action of the [Department of Human Services] au-

thority or by an action of the Director of [Human Services] the Oregon Health Authority taken 1

 $\mathbf{2}$ pursuant to subsection (1) of this section shall be entitled to notice and an opportunity for a contested case hearing under ORS chapter 183. 3

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"SECTION 5. Section 7, chapter 736, Oregon Laws 2003, is amended to read:

"Sec. 7. The [Department of Human Services] Oregon Health Authority may audit the records 5 of any hospital in this state to determine compliance with sections 1 to 9, [of this 2003 Act] chapter 6 7 736, Oregon Laws 2003, and section 1 of this 2013 Act. The [department] authority may audit 8 records at any time for a period of five years following the date an assessment is due to be reported and paid under section 2, [of this 2003 Act] chapter 736, Oregon Laws 2003. 9

"SECTION 6. Section 8, chapter 736, Oregon Laws 2003, as amended by section 1, chapter 757, 10 11 Oregon Laws 2005, is amended to read:

"Sec. 8. Amounts collected by the [Department of Human Services] Oregon Health Authority 12from the assessments imposed under section 2, chapter 736, Oregon Laws 2003, shall be deposited 13in the Hospital Quality Assurance Fund established under section 9, chapter 736, Oregon Laws 2003. 14

15"SECTION 7. Section 9, chapter 736, Oregon Laws 2003, as amended by section 2, chapter 757, 16 Oregon Laws 2005, section 2, chapter 780, Oregon Laws 2007, section 53, chapter 828, Oregon Laws 2009, section 19, chapter 867, Oregon Laws 2009, and section 59, chapter 602, Oregon Laws 2011, is 1718 amended to read:

19 "Sec. 9. (1) The Hospital Quality Assurance Fund is established in the State Treasury, separate 20and distinct from the General Fund. Interest earned by the Hospital Quality Assurance Fund shall 21be credited to the Hospital Quality Assurance Fund.

22"(2) Amounts in the Hospital Quality Assurance Fund are continuously appropriated to the 23Oregon Health Authority for the purpose of:

24 "(a) Paying refunds due under section 6, chapter 736, Oregon Laws 2003 [, and];

25"(b) Funding services under ORS [414.705 to 414.750] 414.631, 414.651 and 414.688 to 414.750, 26including but not limited to[:]

27"[(a)] increasing reimbursement rates for inpatient and outpatient hospital services under ORS [414.705 to 414.750] 414.631, 414.651 and 414.688 to 414.750; 28

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"[(b) Maintaining, expanding or modifying services for persons described in ORS 414.025 (3)(s);]

"[(c) Maintaining or increasing the number of persons described in ORS 414.025 (3)(s) who are 30 enrolled in the medical assistance program; and] 31

32"[(d)] (c) Making payments described in section 2 (3)(a)(C), chapter 736, Oregon Laws 2003;

33 "(d) Making distributions, as described in section 1 (4) of this 2013 Act, of an amount of 34moneys equal to the federal financial participation received from one percentage point of the 35 rate assessed under section 2, chapter 736, Oregon Laws 2003; and

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"(e) Paying administrative costs incurred by the authority to administer section 1 of this 2013 37 Act and the assessments imposed under section 2, chapter 736, Oregon Laws 2003.

38 "(3) Except for assessments imposed pursuant to section 2 (3)(b), chapter 736, Oregon Laws 2003, 39 the authority may not use moneys from the Hospital Quality Assurance Fund to supplant, directly 40 or indirectly, other moneys made available to fund services described in subsection (2) of this sec-41 tion.

42"SECTION 8. Section 10, chapter 736, Oregon Laws 2003, as amended by section 3, chapter 780, 43 Oregon Laws 2007, and section 20, chapter 867, Oregon Laws 2009, is amended to read:

44 "Sec. 10. Sections 1 to 9, chapter 736, Oregon Laws 2003, apply to net revenues earned by hospitals during a period beginning October 1, [2009] 2013, and ending the earlier of September 30, 45

[2013] 2015, or the date on which the assessment no longer qualifies for federal [matching funds]
 financial participation under Title XIX or XXI of the Social Security Act.

3 "<u>SECTION 9.</u> Section 12, chapter 736, Oregon Laws 2003, as amended by section 4, chapter 780,

4 Oregon Laws 2007, and section 21, chapter 867, Oregon Laws 2009, is amended to read:

5 "Sec. 12. Sections 1 to 9, chapter 736, Oregon Laws 2003, and section 1 of this 2013 Act are
6 repealed on January 2, [2015] 2017.

⁷ "<u>SECTION 10.</u> Section 13, chapter 736, Oregon Laws 2003, as amended by section 5, chapter
⁸ 780, Oregon Laws 2007, and section 22, chapter 867, Oregon Laws 2009, is amended to read:

"Sec. 13. Nothing in the repeal of sections 1 to 9, chapter 736, Oregon Laws 2003, and section
1 of this 2013 Act by section 12, chapter 736, Oregon Laws 2003, affects the imposition and collection of a hospital assessment under sections 1 to 9, chapter 736, Oregon Laws 2003, for a calendar
quarter beginning before September 30, [2013] 2015.

"SECTION 11. ORS 414.746 is amended to read:

"414.746. (1) The Oregon Health Authority [shall] may establish an adjustment to the payments
 made to a coordinated care organization [defined in section 9, chapter 867, Oregon Laws 2009].

"(2) The contracts entered into between the authority and coordinated care organizations [must] may include provisions that ensure that the adjustment to the payments established under subsection (1) of this section is distributed by the coordinated care organizations to hospitals located in Oregon that receive Medicare reimbursement based upon diagnostic related groups.

20 "[(3) The adjustment to the capitation rate paid to coordinated care organizations shall be estab-21 lished in an amount consistent with the legislatively adopted budget and the aggregate assessment im-22 posed pursuant to section 2, chapter 736, Oregon Laws 2003.]

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"<u>SECTION 12.</u> ORS 414.746 is repealed.

²⁴ "<u>SECTION 13.</u> (1) The Director of the Oregon Health Authority shall apply to the federal ²⁵ Centers for Medicare and Medicaid Services for any approval necessary to secure federal fi-²⁶ nancial participation in the distributions described in section 9 (2)(d), chapter 736, Oregon ²⁷ Laws 2003, as amended by section 7 of this 2013 Act, and in using the payment methodology ²⁸ described in section 2 (3)(a)(C), chapter 736, Oregon Laws 2003, as amended by section 2 of ²⁹ this 2013 Act.

"(2) The Director of the Oregon Health Authority shall immediately notify the Legislative
 Counsel upon receipt of federal approval or disapproval under this section.

32 "<u>SECTION 14.</u> (1) Section 1 of this 2013 Act and the amendments to ORS 414.746 and 33 sections 2, 3, 6, 7, 8, 9, 10, 12 and 13, chapter 736, Oregon Laws 2003, by sections 2 to 11 of 34 this 2013 Act become operative on the date that the Director of the Oregon Health Authority 35 notifies the Legislative Counsel that the director received federal approval as described in 36 section 13 of this 2013 Act.

"(2) The repeal of ORS 414.746 by section 12 of this 2013 Act becomes operative April 1,
2014.

³⁹ "<u>SECTION 15.</u> This 2013 Act takes effect on the 91st day after the date on which the 2013
 ⁴⁰ regular session of the Seventy-seventh Legislative Assembly adjourns sine die.".

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