WEST VIRGINIA LEGISLATURE

2023 REGULAR SESSION

Committee Substitute

for

Senate Bill 676

BY SENATORS MARONEY AND TAKUBO

[Originating in the Committee on Health & Human

Resources; reported on February 22, 2023]

CS for SB 676

A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §9-5-16b, relating to requiring a report on Medicaid fees for service and managed care provider reimbursements compared to PEIA, Medicare, and surrounding states.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5. MISCELLANEOUS PROVISIONS.

§9-5-16b. Medicaid reporting program for service and managed care provider reimbursement rates.

(a) The Bureau for Medicaid Services (BMS) shall submit a report every two years to the Legislature encompassing an analysis of Medicaid fee for service and managed care provider reimbursement rates compared to that of PEIA, Medicare, and surrounding state Medicaid fee for service programs. The report shall include the Federal Medical Assistance Percentage (FMAP) of surrounding states and the percentage of Medicaid reimbursement rates paid by surrounding states versus federal dollars. The report shall include the percentage and amount of FMAP dollars distributed to the service categories listed in §9-5-16b(b) of this code. The Bureau for Medicaid Services shall report all areas where reimbursement thresholds fall below average rates of surrounding states and provide an explanation on future plans to address rate deficiency and, if no such plan exists, an assertion that such reimbursement thresholds are adequate to ensure appropriate service levels for Medicaid clients.

(b) The Bureau for Medicaid Services shall include in the report an analysis of the state and federal cost of increasing deficient rate categories to the average reimbursement threshold of surrounding state Medicaid fee for service programs. Expenditure trends for each categorized service for the previous five years shall be included in the report. All reimbursement rates shall be assessed for the purpose of this analysis and may be categorized by BMS with the following service categories required:

(1) Inpatient Hospital Services;

(2) Outpatient Hospital Services;

(3) Hospital Physician Services;

(4) Psychiatric Hospital Services;

(5) Nursing Facility Services;

(6) Intermediate Care Facility Services;

(7) Physician Services;

(8) Lab and Radiological Services;

(9) Intellectual and Developmental Disability Waiver In Home Services;

(10) Aged and Disabled Waiver Services;

(11) Traumatic Brain Injury Waiver Services;

(12) Severe Emotional Disturbances Waiver Services;

(13) Substance Use Disorder Waiver Services;

(14) Lab and Radiological Services;

(15) Personal Care Services;

(16) Dental Services;

(17) Federal Qualified Health Center Services;

(18) Rural Health Clinic Services;

(19) Hospice Services;

(20) Emergency Medical Services;

(21) Non-Emergency Medical Services;

(22) Physical Therapy Services;

(23) Occupational Therapy Services;

(24) Emergency Hospital Services;

(25) Critical Access Hospital Services;

(26) Nurse Practitioner Services;

(27) School Based Services;

(28) Private Duty Nursing;

(29) Long-Term Services and Supports;

(30) Behavioral Health Rehabilitation Services;

(31) Behavioral Health Clinic Services; and

(32) Certified Community Behavioral Health Clinics.

(c) The Bureau for Medicaid Services shall also provide a report on enhanced match opportunities that have not been maximized, including, but not limited to, West Virginia's Directed Payment Program, Disproportionate Share Hospital program, Supplemental Medicaid Reimbursement for Academic Medical Center Acute Care Providers, and any other policies that have resulted in increased federal matching funds. The Bureau for Medicaid Services shall indicate the benefit and risks of adopting such policies, including prospective local and state matching dollars that would be required to maximize the program.

(d) This report shall be completed every two years with the completion of the first report by January 1, 2024. This report shall be submitted to the Legislative Oversight Commission on Health and Human Resources Accountability and the Joint Committee on Government and Finance.