STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR INPATIENT HOSPITAL SERVICES (cont.)

C. GENERAL REIMBURSEMENT POLICIES (cont.)

22. Rural hospitals on recognized Indian reservations

~~Rate Enhancement for low volume, small rural hospitals~~

~~Effective July 1, 2020, through June 30, 2021, the agency multiplies an in-state hospital's specific conversion factor and per diem rate by 1.50 if the hospital meets all of the following criteria:~~

~~(a) Has less than seventy (70) available acute care beds, as reported in the hospitals 2018 DOH year-end report;~~
~~(b) Is not currently designated as a critical access hospital;~~
~~(c) Does not meet the current federal eligibility requirements for designation as a critical access hospital;~~
~~(d) Is not participating in the certified public expenditure full cost reimbursement program; and~~
~~(e) Has combined Medicare and Medicaid inpatient days greater that eighty (80) percent of total days as reported in the hospital's 2018 cost report.~~

~~Effective July 1, 2021, the agency will revert to the payment level and methodology for low volume, small rural hospitals' that was in place as of June 30, 2020.~~

~~Rates used to pay for services are cost based using Medicare cost report (CMS form 2552-96) data. The cost report data used for rate setting must include the hospital fiscal year (HFY) data for a complete 12-month period for the hospital. Otherwise, the in-state average RCC is used.~~

~~For dates of admission on and after August 1, 2007, the claim estimated cost was calculated based on Medicaid paid claims and the hospital's Medicare Cost Report. The information from the hospital's Medicare cost report for fiscal year 2004 was extracted from the Healthcare Cost Report Information System ("HCRIS") for Washington in-state hospitals.~~

~~The database included only in-state, non-critical access hospital Medicaid data. Data for critical access, long term acute care, military, bordering city, critical border, and out-of-state hospitals were not included in the claims database for payment system development.~~

~~The Agency applies the same DRG payment method that is applied to in-state hospitals to pay bordering city, critical border, and out-of-state hospitals. However, the payment made to bordering city, critical border and out-of-state hospitals may not exceed the payment amount that would have been paid to in-state hospital for a corresponding service.~~

For admission dates from January 1, 2027, through December 31, 2028, hospital rates at a rural hospital that is located on a federally recognized Indian reservation are 150% of fee-for-service rates, excluding any services provided in the psychiatric unit.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

VIII. Institutional Services (cont)

A. Outpatient hospital services (cont)

Rate enhancement for Sole Community Hospitals

(a) The agency multiples the in-state hospital's specific EAPG conversion factor by a multiplier if the hospital meets all of the following criteria:
- Be certified by CMS as a sole community hospital as of January 1, 2013
- Have a level III adult trauma service designation from the Washington State Department of Health as of January 1, 2014
- Have less than one hundred fifty acute care licensed beds in fiscal year 2011
- Be owned and operated by the state or a political subdivision

(b) From July 1, 2021, through Jume 30, 2023, an additional increase may be applied for hospitals that accept single bed certifications.

(c) Effective July 1, 2024, the multiplier equals 1.25.

Enhancement Multipliers							
Hospital category	**Effective Dates**						
	7/1/2015–6/30/2018	7/1/2018–6/30/2021	7/1/2021–6/30/2022	7/1/2022–6/30/2023	7/1/2023-12/31/2023	1/1/2024-6/30/2024	Effective 7/1/2024
Sole Community Hospital	1.25	1.5	1.25	1.25	1.25	1.50	1.25
Sole Community Hospital accepting single bed certification	NA	NA	1.5	1.5	NA	NA	NA

~~**Rate enhancement for low volume, small rural hospitals**~~

~~Effective October 2, 2020, through June 30, 2021, the agency multiplies an in-state hospital's specific EAPG conversion factor by 1.50 if the hospital meets all of the following criteria:~~

~~(a) Has less than seventy (70) available acute care beds, as reported in the hospitals 2018 DOH year-end report;~~

~~(b) Is not currently designated as a critical access hospital;~~

~~(c) Does not meet the current federal eligibility requirements for designation as a critical access hospital;~~

~~(d) Is not participating in the full cost payment through certified public expenditures CPE) program; and~~

~~(e) Has combined Medicare and Medicaid inpatient days greater that eighty (80) percent of total days as reported in the hospital's 2018 cost report.~~

~~Effective July 1, 2021, the agency will revert to the payment level and methodology for low volume, small rural hospitals' that was in place as of September 30, 2020.~~

Rural hospitals on a recognized Indian reservation

For dates of service January 1, 2027, through December 31, 2028, hospital rates at a rural hospital that is located on a federally recognized Indian reservation are 150% of fee-for-service rates, excluding any services provided in the psychiatric unit.