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**H. B. 2652**

(By Delegates Ellington, Householder, Ashley, Boggs, Folk, Hamilton,  
Howell, McGeehan, Storch, Weld, and Zatezalo)

[Introduced February 6, 2015; referred to the  
Committee on Health and Human Resources then Finance.]

**FISCAL  
NOTE**

A BILL to amend and reenact §16-29B-3 of the Code of West Virginia, 1931, as amended, relating  
to Health Care Authority; adding definitions.

*Be it enacted by the Legislature of West Virginia:*

That §16-29B-3 of the Code of West Virginia, 1931, as amended, be amended and reenacted  
to read as follows:

**ARTICLE 29B. HEALTH CARE AUTHORITY.**

**§16-29B-3. Definitions.**

Definitions of words and terms defined in articles two-d and five-f of this chapter are  
incorporated in this section unless this section has different definitions.

As used in this article, unless a different meaning clearly appears from the context:

(a) "Charges" means the economic value established for accounting purposes of the goods  
and services a hospital provides for all classes of purchasers;

(b) "Class of purchaser" means a group of potential hospital patients with common  
characteristics affecting the way in which their hospital care is financed. Examples of classes of

1 purchasers are Medicare beneficiaries, welfare recipients, subscribers of corporations established  
2 and operated pursuant to article twenty-four, chapter thirty-three of this code, members of health  
3 maintenance organizations and other groups as defined by the board;

4 (c) "Board" means the three-member board of directors of the West Virginia Health Care  
5 Authority, an autonomous division within the State Department of Health and Human Resources;

6 (d) "Contractual allowances" means the difference between gross revenue at established rates  
7 and amounts realizable from third-party payors under contractual agreements.

8 (e) "Gross revenues" means the amount received or receivable, whether in cash or in kind,  
9 from patients, third-party payors and others for hospital services furnished by the provider, including  
10 retroactive adjustments under reimbursement agreements with third-party payors, without any  
11 deduction for operating expenses of any kind: *Provided*, That accrual basis providers shall be  
12 allowed to reduce gross revenues by their contractual allowances, to the extent such allowances are  
13 included therein, and by bad debts, to the extent the amount of such bad debts was previously  
14 included in gross revenues upon which the assessment imposed by this section was paid.

15 ~~(d)~~ (f) "Health care provider" means a person, partnership, corporation, facility, hospital or  
16 institution licensed, certified or authorized by law to provide professional health care service in this  
17 state to an individual during this individual's medical, remedial, or behavioral health care, treatment  
18 or confinement. For purposes of this article, "health care provider" shall not include the private  
19 office practice of one or more health care professionals licensed to practice in this state pursuant to  
20 the provisions of chapter thirty of this code.

21 ~~(e)~~ (g) "Hospital" means a facility subject to licensure as such under the provisions of article  
22 five-b of this chapter, and any acute care facility operated by the state government which is primarily

1 engaged in providing to inpatients, by or under the supervision of physicians, diagnostic and  
2 therapeutic services for medical diagnosis, treatment and care of injured, disabled or sick persons,  
3 and does not include state mental health facilities or state long-term care facilities;

4 ~~(f)~~ (h) "Person" means an individual, trust, estate, partnership, committee, corporation,  
5 association or other organization such as a joint stock company, a state or political subdivision or  
6 instrumentality thereof or any legal entity recognized by the state;

7 ~~(g)~~ (i) "Purchaser" means a consumer of patient care services, a natural person who is directly  
8 or indirectly responsible for payment for such patient care services rendered by a health care  
9 provider, but does not include third-party payers;

10 ~~(h)~~ (j) "Rates" means all value given or money payable to health care providers for health care  
11 services, including fees, charges and cost reimbursements;

12 ~~(i)~~ (k) "Records" means accounts, books and other data related to health care costs at health  
13 care facilities subject to the provisions of this article which do not include privileged medical  
14 information, individual personal data, confidential information, the disclosure of which is prohibited  
15 by other provisions of this code and the laws enacted by the federal government, and information,  
16 the disclosure of which would be an invasion of privacy;

17 ~~(j)~~ (l) "Third-party payor" means any natural person, person, corporation or government entity  
18 responsible for payment for patient care services rendered by health care providers; and

19 ~~(k)~~ (m) "Related organization" means an organization, whether publicly owned, nonprofit,  
20 tax-exempt or for profit, related to a health care provider through common membership, governing  
21 bodies, trustees, officers, stock ownership, family members, partners or limited partners including,  
22 but not limited to, subsidiaries, foundations, related corporations and joint ventures. For the

- 1 purposes of this subsection family members shall mean brothers and sisters, whether by whole or
- 2 half blood, spouse, ancestors and lineal descendants.

NOTE: The purpose of this bill is to reduce the assessment paid by hospitals to the Health Care Authority.

Strike-throughs indicate language that would be stricken from the present law, and underscoring indicates new language that would be added.