

WEST VIRGINIA LEGISLATURE

2021 REGULAR SESSION

Introduced

Senate Bill 516

FISCAL
NOTE

BY SENATORS MARONEY, STOLLINGS, LINDSAY, AND

HAMILTON

[Introduced March 2, 2021; referred
to the Committee on Banking and Insurance; and then
to the Committee on Finance]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,
 2 designated §5-16-30, relating to PEIA hospital inpatient rates; requiring the plan to
 3 reimburse any hospital that provides inpatient care to a beneficiary covered by the plan
 4 no less than 90 percent of the Inpatient Prospective Payment System Diagnostic Related
 5 Group assigned amount then in effect for the federal fee for service component of the
 6 Medicare program by July 1, 2023; and requiring the plant to reimburse the Inpatient
 7 Prospective Payment System Diagnostic Related Group assigned amount then in effect
 8 for the federal fee for service component of the Medicare program by July 1, 2024.

Be it enacted by the Legislature of West Virginia:

ARTICLE 16. WEST VIRGINIA PUBLIC EMPLOYEES INSURANCE ACT.

§5-16-30. Hospital inpatient rates.

1 (a) By July 1, 2023, the plan shall reimburse any hospital that provides inpatient care to a
 2 beneficiary covered by the plan no less than 90 percent of the Inpatient Prospective Payment
 3 System Diagnostic Related Group assigned amount then in effect for the federal fee for service
 4 component of the Medicare program.

5 (b) By July 1, 2024, the plan shall reimburse any hospital that provides inpatient care to a
 6 beneficiary covered by the plan the Inpatient Prospective Payment System Diagnostic Related
 7 Group assigned amount then in effect for the federal fee for service component of the Medicare
 8 program.

9 (c) Nothing in this section limits the authority of the director under §5-16-3(c) and §5-16-9
 10 of this code, including, but not limited to, his or her authority to manage provider contracting and
 11 payments and to designate covered and noncovered services.

12 (d) This section does not limit the authority of the director, the plan, or the plans under §5-
 13 16-11 of this code.

NOTE: The purpose of this bill is to require the PEIA plan to meet reimbursement standards

for inpatient rates as related to the Inpatient Prospective Payment System Diagnostic Related Group assigned amount in effect for the federal fee for service component of the Medicare program.

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