

House Bill 3230

Sponsored by COMMITTEE ON HEALTH CARE

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Specifies fee-for-service hospital reimbursement methodology for services provided to medical assistance recipients.

A BILL FOR AN ACT

1
2 Relating to hospital reimbursement.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1. Section 2 of this 2009 Act is added to and made a part of ORS chapter 414.**

5 **SECTION 2. Except as provided in ORS 414.728, the Department of Human Services shall**
6 **reimburse hospitals for services provided to recipients of medical assistance who do not re-**
7 **ceive health services through a prepaid managed care health services organization, as de-**
8 **defined in ORS 414.736, on a per-case basis using the Medicare Diagnosis Related Groups. The**
9 **per-case reimbursement shall be based on the hospital's most recent audited Medicare cost**
10 **report, adjusted to reflect any increases in the cost of medical care since the dates of the**
11 **data used in the cost report. The department shall adopt rules establishing the methodology**
12 **for determining the medical care cost adjustment, and may use the U.S. City Average Con-**
13 **sumer Price Index for All Urban Consumers (All Items), as published by the Bureau of Labor**
14 **Statistics of the United States Department of Labor.**

15

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.