



WEST VIRGINIA SECRETARY OF STATE

MAC WARNER

ADMINISTRATIVE LAW DIVISION

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Office of West Virginia
Secretary Of State

**NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED
BY THE WEST VIRGINIA LEGISLATURE**

AGENCY: Health Care Authority

TITLE-SERIES: 65-13

RULE TYPE: Legislative Amendment to Existing Rule: Yes Repeal of existing rule: No

RULE NAME: FINANCIAL DISCLOSURE RULE

CITE STATUTORY AUTHORITY: 16-29B-8 AND 16-29B-24

The above rule has been authorized by the West Virginia Legislature.

Authorization is cited in (house or senate bill number) HB2648

Section 64-5-1(g) Passed On 3/6/2023 12:00:00 AM

This rule is filed with the Secretary of State. This rule becomes effective on the following date:

April 1, 2023

This rule shall terminate and have no further force or effect from the following date:

August 01, 2028

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENT IS TRUE AND CORRECT.

Yes

April L Robertson -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.

65CSR13

TITLE 65
LEGISLATIVE RULE
HEALTH CARE AUTHORITY

SERIES 13
FINANCIAL DISCLOSURE RULE

§65-13-1. General.

1.1. Scope. -- This legislative rule implements the provisions of the financial reporting requirements of W. Va. Code §16-29B-1 *et seq.*

1.2. Authority. -- W. Va. Code §16-29B-8(b) and §16-29B-24.

1.3. Filing Date. -- March 30, 2023.

1.4. Effective Date. -- April 1, 2023.

1.5. This rule shall terminate and have no further force or effect on August 1, 2028.

§65-13-2. Definitions.

2.1. The defined terms in W. Va. Code §16-29B-3 are incorporated by reference.

2.2. The following terms are defined:

2.2.a. "Annual financial report" means a complete audited financial statement for the preceding fiscal year, including all notes, schedules, and documents, prepared, and presented by an independent accountant or the auditor.

2.2.b. "Home health agency" means an organization primarily engaged in providing professional nursing services either directly or through contract arrangements and at least one of the following services:

2.2.b.1. Home health aide services;

2.2.b.2. Physical therapy;

2.2.b.3. Speech therapy;

2.2.b.4. Occupational therapy;

2.2.b.5. Nutritional services; or

2.2.b.6. Medical social services to persons in their place of residence on a part-time or intermittent basis.

2.3. "Statement of charges" means a document or file which contains the gross charges or amounts billed by the provider for services rendered commonly referred to as a chargemaster.

§65-13-3. Reports to be Filed with Authority.

3.1. Annually and within 120 days after the end of its fiscal year, unless an extension be granted by the authority, a covered facility shall file with the authority its annual financial report prepared by an accountant or auditor. If an audited financial report is not prepared by a covered facility or related organization, then that facility or organization shall provide the authority:

3.1.b. A statement of income;

3.1.c. A statement of changes in retained earnings;

3.1.d. A statement of cash flows;

3.1.e. A balance sheet for the reporting period; and

3.1.f. Other statement as required by generally accepted accounting principles.

3.2. A nonprofit, community based primary care center providing primary care services without regard to ability to pay shall provide the authority with a year-end audited financial statement prepared in accordance with generally accepted auditing standards and with governmental auditing standards issued by the Comptroller General of the United States.

3.3 Annually and within 120 days after the end of its fiscal year, a hospital shall submit:

3.3.a. A statement of charges for services rendered;

3.3.b. The Health Care Authority Financial Report, through the Uniform Reporting System;

3.3.c. Uniform Bill form in effect for inpatients. A hospital may not submit hard copies of the Uniform Bill data without the prior approval of the authority. A hospital may submit the uniform bill form monthly or quarterly.

3.4. Annually and within 120 days after the end of its fiscal year, a behavioral health facility shall submit the gross rates for its top 30 services by utilization.

3.5. Annually and within 60 days of receipt of service, a home health agency shall submit a utilization survey to determine utilization of existing providers on a county basis by age cohort. The authority may, for good cause shown, extend the time for filing.

3.6. A covered facility not expressly provided for in this section shall submit upon request of the authority the information from section three for itself or from a related organization.

3.7. The information required to be filed pursuant to this section shall be filed for a related organization and not for the aggregate of the covered facility or related organization. An organization is considered to be related to a covered facility if one of the following conditions is met:

3.7.a. The organization controls or is controlled by a covered facility through contracts or other legal documents that allow the organization the authority to direct any of the covered facility's activities, management, or policies, or allows the covered facility to direct any of the organization's activities, management or policies;

3.7.b. The organization has solicited funds in the name of the covered facility with the express or implied approval of the covered facility, and a substantial portion of the funds was intended by the contributor, or was otherwise required, to be used for the benefit of the covered facility;

3.7.c. The covered facility has transferred resources to the organization and a substantial portion of the organization's resources is held for the benefit of the covered facility;

3.7.d. The organization has transferred resources to the covered facility and a substantial portion of the covered facility's resources is held for the benefit of the organization;

3.7.e. The covered facility has assigned certain of its functions to the organization, which is operating primarily for the benefit of the covered facility;

3.7.f. The organization is wholly-owned or was created by the covered facility, and the covered facility receives any of the profits of the organization;

3.7.g. The covered facility is wholly-owned or was created by the organization, and the organization receives any of the profits of the covered facility; or

3.7.h. In the event of the dissolution of the related entity, substantially all of the assets of the entity would become the property of the creating entity.

3.8. If the authority is able to obtain the information required by this section from another source, the covered facility is not subject to the penalty established in section six.

§65-13-4. Additional Information.

The authority may request additional information to verify the accuracy of the information submitted pursuant to this rule.

§65-13-5. Public Access to Information.

5.1. The information submitted pursuant to this rule is subject to the provisions of the Freedom of Information Act provided in Chapter 29B of the West Virginia Code.

5.2. Uniform Bill data is confidential. The authority may, however, release statistical data or reports based upon the Uniform Bill data subject to the signing of a data use agreement,

5.3. The authority may not charge a fee to a covered entity which submits information to obtain data submitted pursuant to this rule from the authority.

5.4. The authority shall publish the results of the home health utilization survey on the authority's

web page at <http://www.hca.wv.gov>.

§65-13-6. Administrative Penalty.

The authority shall notify a covered facility or related organization that fails to submit to the authority any information required by this rule by certified mail, return receipt requested. If the failure continues for more than 10 days after receipt of the notice, the delinquent facility or organization is subject to a penalty of \$1,000.00 for each day thereafter that the failure continues. The authority shall pay any penalty received or recovered into the state treasury to the account of the general fund.

§65-13-7. Exemption.

The provisions of this rule do not apply to the legally authorized practice of medicine by any one or more persons in the private office of any health care provider.