

Multiple Agency Fiscal Note Summary

Bill Number: 1911 HB	Title: Inmates in jails/health care
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Estimated Cash Receipts

NONE

Estimated Expenditures

Agency Name	2013-15			2015-17			2017-19		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Washington State Health Care Authority	.7	99,000	99,000	1.0	134,000	134,000	1.0	134,000	134,000
Department of Corrections	4.4	814,369	814,369	5.0	191,854	191,854	5.0	191,854	191,854
Total	5.1	\$913,369	\$913,369	6.0	\$325,854	\$325,854	6.0	\$325,854	\$325,854

Local Gov. Courts *									
Local Gov. Other **	Non-zero but indeterminate cost. Please see discussion.								
Local Gov. Total									

Estimated Capital Budget Impact

NONE

Prepared by: Kate Davis, OFM	Phone: (360) 902-0570	Date Published: Final 2/26/2013
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* See Office of the Administrator for the Courts judicial fiscal note

** See local government fiscal note

Individual State Agency Fiscal Note

Bill Number: 1911 HB	Title: Inmates in jails/health care	Agency: 107-Wash State Health Care Authority
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Part I: Estimates

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No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Expenditures from:

	FY 2014	FY 2015	2013-15	2015-17	2017-19
FTE Staff Years	0.3	1.0	0.7	1.0	1.0
Account					
General Fund-State 001-1	32,000	67,000	99,000	134,000	134,000
Total \$	32,000	67,000	99,000	134,000	134,000

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

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If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.

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If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).

☐

Capital budget impact, complete Part IV.

☐

Requires new rule making, complete Part V.

Legislative Contact: Alex MacBain	Phone: 360-786-7288	Date: 02/18/2013
Agency Preparation: Kenneth Lee	Phone: 360-725-1275	Date: 02/25/2013
Agency Approval: Janice Baumgardt	Phone: 360-725-9817	Date: 02/25/2013
OFM Review: Richard Pannkuk	Phone: (360) 902-0539	Date: 02/25/2013

Request # 13-43-1

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Briefly describe by section number, the significant provisions of the bill, and any related workload or policy assumptions, that have revenue or expenditure impact on the responding agency.

See attached narrative.

II. B - Cash receipts Impact

Briefly describe and quantify the cash receipts impact of the legislation on the responding agency, identifying the cash receipts provisions by section number and when appropriate the detail of the revenue sources. Briefly describe the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explain how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.

See attached narrative.

II. C - Expenditures

Briefly describe the agency expenditures necessary to implement this legislation (or savings resulting from this legislation), identifying by section number the provisions of the legislation that result in the expenditures (or savings). Briefly describe the factual basis of the assumptions and the method by which the expenditure impact is derived. Explain how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

See attached narrative.

Part III: Expenditure Detail

III. A - Expenditures by Object Or Purpose

	FY 2014	FY 2015	2013-15	2015-17	2017-19
FTE Staff Years	0.3	1.0	0.7	1.0	1.0
A-Salaries and Wages	12,000	39,000	51,000	78,000	78,000
B-Employee Benefits	5,000	16,000	21,000	32,000	32,000
E-Goods and Other Services	3,000	11,000	14,000	22,000	22,000
G-Travel	1,000	1,000	2,000	2,000	2,000
J-Capital Outlays	11,000		11,000		
Total:	\$32,000	\$67,000	\$99,000	\$134,000	\$134,000

III. B - Detail: List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA

Job Classification	Salary	FY 2014	FY 2015	2013-15	2015-17	2017-19
Medical Assistance Specialist 3	38,556	0.3	1.0	0.7	1.0	1.0
Total FTE's	38,556	0.3	1.0	0.7	1.0	1.0

Part IV: Capital Budget Impact

NONE

Part V: New Rule Making Required

Identify provisions of the measure that require the agency to adopt new administrative rules or repeal/revise existing rules.

HCA Fiscal Note

Bill Number: HB1911

HCA Request #: 13-43-1

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

This bill is related to health care services for inmates in city, county, and regional jails. It amends RCW 70.48.130 and adds a new section to chapter 70.41 RCW.

The bill requires that providers of hospital services that are licensed under chapter 70.41 RCW contract with the correctional facility for inpatient, outpatient and ancillary services if deemed appropriate by the correctional facility. Reimbursement shall be no more than the amount payable under the Medicaid structure and the correctional facility may contract with the Department of Corrections (DOC) to participate in the ProviderOne system for payment. Lastly, as a condition of licensure, a hospital must contract with a correctional facility as defined in RCW 70.48.020.

The bill would require planning and implementation of processes that would allow processing of claims for inmates in jails. Impacts include processes for provider enrollment, development of an interface to input inmate information into ProviderOne, configuration, setup of claims processing functions, development of accounting functions and data warehouse connections.

The Office of Medicaid Systems and Data within the Division of Program and Payment Integrity will assist in the testing of the new system enhancements in addition to reconciling any eligibility interface errors that exist between the interface with DOC and ProviderOne. Resources would be required to support the eligibility reconciliation between the two entities.

Fiscal impacts for HCA include one additional Medical Assistance Specialist 3 staff. It is expected that HCA will be reimbursed for any system enhancement costs by other agencies within the Jails Workgroup.

The fiscal estimates are based on an assumption that DOC would manage some consortium of jails for claims processing functions and processes, rather than each jail implementing their own process, interface, data/reporting, etc. If this assumption were not true, then the fiscal impact would be multiplied for each individual jail implementation. Furthermore, these costs represent implementation with hospitals only if that were different, then the fiscal impact would increase. HCA assumes that timing for implementation would be sequenced to not impact either Health Care Reform projects (such as the Health Benefit Exchange and Medicaid Expansion) or incorporating long term care home health, home care and developmental disability payments into ProviderOne Phase 2.

II. B – Cash Receipts Impact

No impact.

II. C - Expenditures

Assumptions: May 2014 implementation. HCA will need one additional FTE one month prior to implementation (April 2014). HCA will be reimbursed for system enhancement costs (\$75,000). DOC would manage some consortium of jails for claims processing functions and processes, rather than each jail implementing their own process, interface, data/reporting, etc.

HCA Fiscal Note

Bill Number: HB1911

HCA Request #: 13-43-1

Expenditures			FY14	FY15	FY16	FY17	FY18	FY19
001	GF-State	1	32,000	67,000	67,000	67,000	67,000	67,000
Total			32,000	67,000	67,000	67,000	67,000	67,000
Biennial Total				99,000		134,000		134,000

Objects			FY14	FY15	FY16	FY17	FY18	FY19
A	Salaries & Wages		12,000	39,000	39,000	39,000	39,000	39,000
B	Employee Benefits		5,000	16,000	16,000	16,000	16,000	16,000
E	Goods and Services		3,000	11,000	11,000	11,000	11,000	11,000
G	Travel		1,000	1,000	1,000	1,000	1,000	1,000
J	Capital Outlays		11,000	-	-	-	-	-
Total			32,000	67,000	67,000	67,000	67,000	67,000

Job title	Salary		FY14	FY15	FY16	FY17	FY18	FY19
Medical Assistance Spec	38,556		0.3	1.0	1.0	1.0	1.0	1.0
Total	38,556		0.3	1.0	1.0	1.0	1.0	1.0

Part IV: Capital Budget Impact

No impact.

Part V: New Rule Making Required

No impact.

Individual State Agency Fiscal Note

Bill Number: 1911 HB	Title: Inmates in jails/health care	Agency: 310-Department of Corrections
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Part I: Estimates

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No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Expenditures from:

	FY 2014	FY 2015	2013-15	2015-17	2017-19
FTE Staff Years	2.5	6.3	4.4	5.0	5.0
Account					
General Fund-State 001-1	460,515	353,854	814,369	191,854	191,854
Total \$	460,515	353,854	814,369	191,854	191,854

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

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If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.

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If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).

☐

Capital budget impact, complete Part IV.

☐

Requires new rule making, complete Part V.

Legislative Contact: Alex MacBain	Phone: 360-786-7288	Date: 02/18/2013
Agency Preparation: Tuekwe George	Phone: (360) 725-8301	Date: 02/25/2013
Agency Approval: Sarian Scott	Phone: (360) 725-8270	Date: 02/25/2013
OFM Review: Kate Davis	Phone: (360) 902-0570	Date: 02/25/2013

Request # 091-1

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Briefly describe by section number, the significant provisions of the bill, and any related workload or policy assumptions, that have revenue or expenditure impact on the responding agency.

This bill allows Medicaid rates for county and city jails that contract with the Department of Corrections (DOC). The Medicaid rates only apply to the hospitalizations that result in an inpatient or outpatient claim and do not include costs for the professional provider. It also requires as a condition of licensure that hospitals must contract with the correctional facilities, which county and city jails are now included.

Section 1(3) amends RCW 70.48.130 to provide that hospitals licensed under chapter 70.41 RCW shall contract with a correctional facility for inpatient, outpatient, and ancillary services if deemed appropriate by the correctional facility. A correctional facility can contract with DOC to participate in the provider one system (P1) operated by the Washington state Health Care Authority (HCA) for payment of hospital services.

Section 2 is a new section added to 70.41 RCW that provides as a condition of licensure a hospital must contract with a correctional facility, as defined in RCW 70.48.020.

II. B - Cash receipts Impact

Briefly describe and quantify the cash receipts impact of the legislation on the responding agency, identifying the cash receipts provisions by section number and when appropriate the detail of the revenue sources. Briefly describe the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explain how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.

None.

Department of Corrections (DOC) impact is general fund state.

II. C - Expenditures

Briefly describe the agency expenditures necessary to implement this legislation (or savings resulting from this legislation), identifying by section number the provisions of the legislation that result in the expenditures (or savings). Briefly describe the factual basis of the assumptions and the method by which the expenditure impact is derived. Explain how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

This bill will allow Medicaid rates for hospital patients, outpatients and ancillary services for county and city correctional facilities, with DOC managing the medical claims.

DOC will have workload impact associated with the implementation phase, on-going costs associated with managing payments, and cost savings related to the lower health care rates. A summary of our cost impact follows: Our estimated impact in Fiscal Year (FY) 2014 is \$460,515 and 3.0 FTEs for our implementation team (\$250,515 for staffing and \$210,000 for Provider One costs). Our estimated cost in FY2015 is \$353,854 for the remainder of implementation charges of \$125,257 and a full year costs for the addition of ongoing staff estimated at \$351,266 and 5.0 FTEs, and \$10,000 in maintenance costs for Provider One, and we have offset cost savings of (\$132,669) for six (6) months in FY2015 - when the program goes live. FY2016 and each FY thereafter, includes costs of \$95,927 for on-going costs offset by program savings.

This bill will require considerable coordination. The coordinated process is assumed to be as follows: hospitals will bill directly to the Health Care Authority (HCA) and the Provider One system, then the DOC Medical Disbursement Unit

(MDU) will adjudicate and process authorizations of payments via Provider One, then HCA will pay the hospitals for services rendered, then HCA will bill DOC for the money they paid out to the hospitals, then DOC will pay HCA, then DOC will bill the local correctional facilities, and finally DOC will be reimbursed by the local correctional facilities.

Implementation Costs follow:

DOC will have workload impact associated with the implementation phase. This is anticipated to take an estimated 18 months. Our workload is estimated at \$250,515 and 3.0 Full Time Equivalents (FTEs) in FY2014 (1.0 Project Manager in our Health Services division, 1.0 IT Project Manager in our Administrative Services division, and 1.0 Fiscal Analyst 5 in our Administrative Services division). We also will incur an estimated \$210,000 in costs in FY2014 associated with reprogramming the HCA Provider One system. We estimate costs of \$125,257 and 1.5 FTE (0.5 Project Manager in our Health Services division, 0.5 IT Project Manager, and 0.5 Fiscal Analyst 5) in FY2015, which represents six (6) months of staffing effort in FY2015.

The Health Services project manager will be responsible for coordinating with the Washington Association of Sheriff's and Police Chiefs (WASPC), HCA, and city/county/regional jurisdictions to continue establishing requirements and developing business processes to ensure the process works correctly. DOC will need to contract with each county/city jail that agrees to be part of Provider One, and new contracts will be an output of this effort. The project manager will also ensure that payment processing procedures are updated and work correctly. The IT project manager will ensure successful technology solutions to include the Offender Management Network Interface (OMNI) and will ensure that all facets of DOC's divisions have timelines and are keeping on task. Significant resources and requirements will be required from IT for interfaces and data solutions, legal and contracts in establishing and maintaining contracts with local jurisdictions. The FA5 in business services will ensure success in DOC billing jurisdictions, receivables, and establishing gaining reports. The \$210,000 Provider One estimate represents one (1) connection between DOC and Provider One, and this connection would manage the interface records for all of the jurisdictions. This will also be a change between OMNI and HCA, which will be DOC's responsibility initially, because the transaction will be between DOC and HCA. The cities and counties will be reporting costs for updating their interface with DOC to send us the data we need to pass to Provider One.

On-going Costs:

DOC will have workload impact associated with on-going costs of \$351,266 for 5.0 FTEs (1.0 Medical Project Specialist 3, 2.0 Medical Adjudication Specialist 3, 1.0 IT Specialist 4, and 1.0 Fiscal Analyst 4) in FY2015 and each FY thereafter. There is also \$10,000 associated with Provider One maintenance charges in FY2015 and each FY thereafter.

This staffing level was determined by comparing the WASPC 2011 statistics of average ADP for local justifications to DOC's. Their volume is about 86% of the number of offender's DOC pays medical claims for, however, the approval processes for payment and adjudication of medical claims will not be quite as straight forward as for DOC clients. We are assuming initially that 50% of the jails will participate and depending on that rate, the staffing model may be subject to change. The MPS3 will be responsible for overseeing all payments made for all jurisdictions, and the communications between DOC and jail administrators for each site. The MAS3's will be responsible for obtaining all payment approvals, and authorizing/processing payments for all jurisdictions, which will require additional verifications in comparison to DOC's payment process for prison offenders. The ITS4 will be responsible for managing the data feed's related to local jurisdictions, and developing standardized reports. The FA4 will be responsible for overseeing, reconciling, and

developing aging reports for all receivables for the local jurisdictions, billing and communicating with all participating jurisdictions.

Assumptions:

1. We assume new contracts with each jurisdiction will be required.
2. We assume a staffing level that supports 50% of the counties participating in the program. If the participation is higher, we will need additional resources that are not included in this fiscal note estimated cost.
3. We assume cost savings associated with lower health care rates of \$132,669 in FY2015 (given only six (6) months) and \$265,339 in FY2016 and each year afterwards. A breakdown follows: \$224,326 is DOC related, while \$41,012 is jails related. Costs are shown in object N.
4. We assume implementation costs of \$585,772 with 2.5 FTEs over the course of an 18 month period starting 07-01-2013 (FY2014) through 12-31-2014 (FY2015).
5. We assume the Provider One connection will cost \$210,000 and will begin in FY2014. The amount is from HCA. It is based on the cost to program Provider 1 (P1) for DOC business plus an amount due to a renegotiation of the contract for P1 operation. It is for reprogramming of P1 to allow the new type of billings to be adjudicated and paid.
6. We assume on-going costs of \$351,266 for 5.0 FTEs starting in FY2015 and each FY thereafter.
7. We assume on-going Provider One maintenance costs of \$10,000 starting in FY2015 and each FY thereafter.
8. We estimate costs are \$460,515 in FY2014, \$353,854 in FY2015, \$95,927 in FY2016 and each FY thereafter.
9. As a result of this bill, DOC will see a reduction in the medical expenditures for violators. There are efficiencies that DOC will realize by processing payments for medical services provided to violators held in local jurisdictions directly through Provider One. These efficiencies will not result in a reduction in staffing, but will allow payments made for DOC prison offenders to be made in a more timely manner.

Part III: Expenditure Detail

III. A - Expenditures by Object Or Purpose

	FY 2014	FY 2015	2013-15	2015-17	2017-19
FTE Staff Years	2.5	6.3	4.4	5.0	5.0
A-Salaries and Wages	199,032	345,660	544,692	492,288	492,288
B-Employee Benefits	47,816	111,160	158,976	174,504	174,504
C-Professional Service Contracts					
E-Goods and Other Services	2,000	15,677	17,677	29,354	29,354
G-Travel	1,667	4,026	5,693	6,386	6,386
J-Capital Outlays	210,000	10,000	220,000	20,000	20,000
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services		(132,669)	(132,669)	(530,678)	(530,678)
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
Total:	\$460,515	\$353,854	\$814,369	\$191,854	\$191,854

III. B - Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

Job Classification	Salary	FY 2014	FY 2015	2013-15	2015-17	2017-19
Fiscal Analyst 4	50,004		1.0	0.5	1.0	1.0
Fiscal Analyst 5	54,504	0.5	0.3	0.4		
IT Project Manager	82,896	1.0	0.5	0.8		
IT Specialist 4	63,192		1.0	0.5	1.0	1.0
Med Proj Spec 3	55,836		1.0	0.5	1.0	1.0
Medical Adjudication Specialist 3	38,556		2.0	1.0	2.0	2.0
Project Manager HS	61,632	1.0	0.5	0.8		
Total FTE's	406,620	2.5	6.3	4.4	5.0	5.0

III. C - Expenditures By Program (optional)

Program	FY 2014	FY 2015	2013-15	2015-17	2017-19
Administrative Services Division (100)	168,132	241,309	409,441	314,486	314,486
Health Services Division - subprogram 500 (200)	292,383	112,545	404,928	(122,632)	(122,632)
Total \$	460,515	353,854	814,369	191,854	191,854

Part IV: Capital Budget Impact

NONE

Part V: New Rule Making Required

Identify provisions of the measure that require the agency to adopt new administrative rules or repeal/revise existing rules.

LOCAL GOVERNMENT FISCAL NOTE

Department of Community, Trade and Economic Development

Bill Number: 1911 HB	Title: Inmates in jails/health care
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Part I: Jurisdiction-Location, type or status of political subdivision defines range of fiscal impacts.

Legislation Impacts:

- ☒ Cities: Savings for municipal jails
- ☒ Counties: Savings for county jails
- ☒ Special Districts: Decrease in revenue for public hospital districts
- ☐ Specific jurisdictions only:
- ☐ Variance occurs due to:

Part II: Estimates

- ☐ No fiscal impacts.
- ☒ Expenditures represent one-time costs: Costs to implement new system of reimbursement including amending or initiating contracts
- ☐ Legislation provides local option:
- ☒ Key variables cannot be estimated with certainty at this time: Savings would vary between jails depending on their current payment structure for medical services

Estimated revenue impacts to:

Indeterminate Impact

Estimated expenditure impacts to:

Indeterminate Impact

Part III: Preparation and Approval

Fiscal Note Analyst: Alice Zillah	Phone: 360-725-5035	Date: 02/26/2013
Leg. Committee Contact: Alex MacBain	Phone: 360-786-7288	Date: 02/18/2013
Agency Approval: Steve Salmi	Phone: (360) 725 5034	Date: 02/26/2013
OFM Review: Kate Davis	Phone: (360) 902-0570	Date: 02/26/2013

Part IV: Analysis

A. SUMMARY OF BILL

Provide a clear, succinct description of the bill with an emphasis on how it impacts local government.

Sec. 1 amends RCW 70.48.130. Providers of hospital services that are hospitals licensed under chapter 70.41 RCW shall contract with a correctional facility for inpatient, outpatient, and ancillary services if deemed appropriate by the correctional facility. The correctional facility may only reimburse a provider of hospital services at a rate no more than the amount payable under the Medicaid reimbursement structure, plus any additional amount provided specifically for this purpose in the state omnibus appropriations act, regardless of whether the hospital is located within or outside of Washington. A correctional facility may contract with the Department of Corrections to participate in the provider one system operated by the Washington state health care authority for payment of hospital services pursuant to this section.

Sec. 2 establishes that as a condition of licensure, a hospital must contract with a correctional facility as defined in RCW 70.48.020.

B. SUMMARY OF EXPENDITURE IMPACTS

Briefly describe and quantify the expenditure impacts of the legislation on local governments, identifying the expenditure provisions by section number, and when appropriate, the detail of expenditures. Delineate between city, county and special district impacts.

The legislation would result in savings for city and county jails of approximately \$673,000 per year. It would also result in indeterminate costs for jails and for the public hospital districts in Washington to implement a new payment structure for jail medical costs.

Within the last year, several agencies have surveyed city and county jails about their current medical costs for inmates and how these costs are paid. Approximately half of the jails responded to these questionnaires. The results indicate a variety of current processes in regards to paying for medical costs. For instance, of the jails which responded, 16 do not have contracts in place with hospitals while 12 indicated that they do. The rates paid for medical services varied from fee structures based on Medicaid rates to an individualized provider fee schedule. The Department of Corrections (DOC) compiled the responses from these surveys and analyzed the results. DOC concluded that of the counties that reported they are currently receiving Medicaid rates, the average percentage of costs paid compared to costs billed is 22 percent. DOC factored in a number of other variables to conclude that the estimated savings for city and county jails would be \$672,930, if they all began paying for medical services at the Medicaid reimbursable rate. Information from the Washington Association of County Officials and the Washington Association of Sheriffs and Police Chiefs indicated that this was a reasonable estimate of savings under the bill.

There would be indeterminate costs to implement the new system. Under the bill, jails could either contract with a hospital directly or with DOC to participate in the Provider One system. Therefore, jails would need to amend or nullify their current contracts with the hospitals and initiate new contracts. This would involve staff and legal counsel time and in some cases necessitate action by a city council or county commission to approve the new contract.

The public hospital districts would see indeterminate costs under the bill. Data was not available to assess the number of public hospitals currently providing services and care compared to other providers. Public hospitals contracting with jails would similarly see costs to initiate new contracts and implement new processes for medical service billing.

C. SUMMARY OF REVENUE IMPACTS

Briefly describe and quantify the revenue impacts of the legislation on local governments, identifying the revenue provisions by section number, and when appropriate, the detail of revenue sources. Delineate between city, county and special district impacts.

The public hospital districts would see indeterminate decreases in revenue under the bill. Data was not available to assess the number of public hospitals currently providing services and care compared to other providers. Currently, 56 public hospital districts in Washington State operate 43 hospitals, representing almost half of the acute care hospitals in the state. According to the Washington State Hospital Association, Medicaid pays 73 percent of the actual costs for medical services. Therefore, the Local Government Fiscal Note Program (LGFN) assumes that hospitals would see lower payments for services if they increased the services they provide based on a Medicaid reimbursable fee structure.

SOURCES:

Department of Corrections
Washington Association of Sheriffs and Police Chiefs
Washington State Hospital Association
Washington Association of County Officials