

A Guide to the Records of the Virginia Health Services Cost Review Council, 1978-1984

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1978-1984

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Administrative Information

Access Restrictions

There are no restrictions.

Use Restrictions

There are no restrictions.

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This collection has been processed using minimal standards: the original arrangement has been maintained, the container list is brief and simple, the records have not been refoldered and the fasteners have not been removed.

Preferred Citation

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Historical Information

The rising cost of health care and the lack of comparative information on health care services was a concern of the legislature in 1971. A joint resolution was passed calling for special studies of the costs and administration of health care services, led by Senator Edward E. Willey. The commission recommended establishing a rate review board to examine hospital costs and charges. In 1975, the Virginia Rate Review Program was set up as a separate not-for-profit corporation; this was formalized into a board the following year.

The Virginia Health Services Cost Review Council was created by an act of the General Assembly approved April 9, 1978. Initially, the Council was a Commission made up of nine members, eight of whom were appointed by the governor for a three year term: three consumers of health care services, three administrators of nongovernmental health care institutions, one employee of a prepaid hospital service plan, and one employee of a commercial insurer which underwrites accident and sickness insurance. The ninth member was the Commissioner of Health or his designee. The chairman was elected from the consumer members.

April 4, 1980, the General Assembly approved enlarging the Commission to eleven members, increasing the consumer representatives to five, two with experience in financial management or accounting. The Commission became a Council effective July 1, 1982. The Director of the agency was hired by the Council members, reporting to the Secretary of Health and Human Services. The stated mission was to promote the economic delivery of high quality and effective institutional health care services to the citizens of the Commonwealth.

In 1989, the General Assembly expanded the Council's review of costs and charges to the long-term care industry, absorbing the Long-Term Care Council which had been established in 1982. The size of the council was increased to fifteen, in order to include three nursing home providers and the Director of the Department of Medical Assistant Services; and the executive director position became a gubernatorial appointment.

The Council established a uniform system of financial reporting of health care costs. Each health care institution was required to file an annual financial report with details on health care costs, charges, assets, liabilities, and net worth. Through monthly meetings, the Council engaged in continuing financial analysis and studies relating to health care institutions. The information gathered was disseminated to the public through its publications. The Council initiated reviews or investigations as necessary to assure all users of health care services that aggregate charges were reasonably aggregate costs, and that charges were equitable. The major publications issued by the Virginia Health Services Cost Review Council include: Annual Report of Health Care Costs, Charge Survey, and Commercial Diversification Report.

The Council was abolished as of June 30, 1996, per an act of the General Assembly passed April 10, 1996 (chap. 902, p. 1684).

Scope and Content

These records document the planning, direction, and implementation of commission programs and are evidence of actions and policy decisions of the Virginia Health Services Cost Review Council, 1978-1984. Includes minutes, correspondence and subject files, and other documentation highlighting the

Commonwealth's effort to monitor and review the policies and budgetary procedures of hospitals and medical facilities in Virginia.

Minutes of the Virginia Health Services Cost Review Council, 1983-1984, also include agendas, members present, guests in attendance, and copies of correspondence sent to hospitals. Topics covered include an overall review of hospital and medical facility budgets and documentation of payments received by the institutions.

Correspondence and subject files, 1978-1983, consist mainly of incoming and outgoing correspondence and memoranda between the director/or support staff of the Health Council and medical facility administrators. The medical facilities consist of nursing homes, hospitals, clinics, surgery and psychiatric centers. Includes financial historical data for each hospital or facility providing annual financial summaries and Medicare cost reports. Also includes documentation relating to required filing fees paid by the medical facility to the council, proposed rate changes and explanation for those changes in particular rate increases. The filing fee charge was a percentage amount in correlation to the number of patients staying in the facilities.

The memoranda sent out to all facility directors are in a generic format. The memos inform the facility of additional information requested by the council or the acknowledgment of requested data. The memos also request budget data for the fiscal year including filing fee charge and the historical financial data for the fiscal year and the date of any proposed rate change. Most facility records include a Rate Charge Questionnaire requesting specific detail budgetary information to be completed by hospital administrator or medical facility director or comptroller.

Arrangement

This collection is arranged into the following series:

- Series I. Minutes, 1983-1984.
- Series II. Correspondence and subject files, 1978-1983.

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