

{3} (2) THE JURISDICTION OF THE COMMISSION OVER ANY IDENTIFIED PHYSICIAN SERVICE SHALL TERMINATE FOR A FACILITY ON THE REQUEST OF THE FACILITY.

{4} (3) THE RATE APPROVED FOR AN IDENTIFIED PHYSICIAN SERVICE MAY NOT EXCEED THE RATE ON JUNE 30, 1985 ADJUSTED BY AN APPROPRIATE INDEX OF INFLATION.

(b) The Commission may not set rates for related institutions until:

(1) State law authorizes the State Medical Assistance Program to reimburse related institutions at Commission rates; and

(2) The United States Department of Health and Human Services agrees to accept Commission rates as a method of providing federal financial participation in the State Medical Assistance Program.

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The Commission shall:

(1) Require each facility to disclose publicly:

(i) Its financial position; and

(ii) As computed by methods that the Commission determines, the verified total costs incurred by the facility in providing health services;

(2) Review for reasonableness and certify the rates of each facility;

(3) Keep informed as to whether a facility has enough resources to meet its financial requirements;

(4) Concern itself with solutions if a facility does not have enough resources; and

(5) Assure each purchaser of health care facility services that:

(i) The total costs of ALL HOSPITAL SERVICES OFFERED BY OR THROUGH A [the] facility are [related reasonably to the total services that the facility offers] reasonable REASONABLE;

(ii) The aggregate rates of the facility are related reasonably to the aggregate costs of the facility;
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