

**EHB 1552 - S AMD 1344**

By Senator Van De Wege

**ADOPTED 03/06/2020**

1 On page 3, after line 10, insert the following:

2 "NEW SECTION. **Sec. 3.** A new section is added to chapter 74.09  
3 RCW to read as follows:

4 (1) In order to protect patients and ensure that they benefit from  
5 seamless quality care when contracted providers are absent from their  
6 practices or when there is a temporary vacancy in a position while a  
7 hospital, rural health clinic, or rural provider is recruiting to meet  
8 patient demand, hospitals, rural health clinics, and rural providers  
9 may use substitute providers to provide services. Medicaid managed  
10 care organizations must allow for the use of substitute providers and  
11 provide payment consistent with the provisions in this section.

12 (2) Hospitals, rural health clinics, and rural providers that are  
13 contracted with a medicaid managed care organization may use  
14 substitute providers that are not contracted with a managed care  
15 organization when:

16 (a) A contracted provider is absent for a limited period of time  
17 due to vacation, illness, disability, continuing medical education, or  
18 other short-term absence; or

19 (b) A contracted hospital, rural health clinic, or rural provider  
20 is recruiting to fill an open position.

21 (3) For a substitute provider providing services under subsection  
22 (2)(a) of this section, a contracted hospital, rural health clinic, or  
23 rural provider may bill and receive payment for services at the  
24 contracted rate under its contract with the managed care organization  
25 for up to sixty days.

26 (4) To be eligible for reimbursement under this section for  
27 services provided on behalf of a contracted provider for greater than

1 sixty days, a substitute provider must enroll in a medicaid managed  
2 care organization. Enrollment of a substitute provider in a medicaid  
3 managed care organization is effective on the later of:

4 (a) The date the substitute provider filed an enrollment  
5 application that was subsequently approved; or

6 (b) The date the substitute provider first began providing services at  
7 the hospital, rural health clinic, or rural provider.

8 (5) A substitute provider who enrolls with a medicaid managed care  
9 organization may not bill under subsection (4) of this section for any  
10 services billed to the medicaid managed care organization pursuant to  
11 subsection (3) of this section.

12 (6) Nothing in this section obligates a managed care organization  
13 to enroll any substitute provider who requests enrollment if they do  
14 not meet the organizations enrollment criteria.

15 (7) For purposes of this section:

16 (a) "Circumstances precluded enrollment" means that the provider  
17 has met all program requirements including state licensure during the  
18 thirty-day period before an application was submitted and no final  
19 adverse determination precluded enrollment. If a final adverse  
20 determination precluded enrollment during this thirty-day period, the  
21 contractor shall only establish an effective billing date the day  
22 after the date that the final adverse action was resolved, as long as  
23 it is not more than thirty days prior to the date on which the  
24 application was submitted.

25 (b) "Contracted provider" means a provider who is contracted with  
26 a medicaid managed care organization.

27 (c) "Hospital" means a facility licensed under chapter 70.41 or  
28 71.12 RCW.

29 (d) "Rural health clinic" means a federally designated rural  
30 health clinic.

31 (e) "Rural provider" means physicians licensed under chapter 18.71  
32 RCW, osteopathic physicians and surgeons licensed under chapter 18.57  
33 RCW, podiatric physicians and surgeons licensed under chapter 18.22  
34 RCW, physician assistants licensed under chapter 18.71A RCW,

1 osteopathic physician assistants licensed under chapter 18.57A RCW,  
2 and advanced registered nurse practitioners licensed under chapter  
3 18.79 RCW, who are located in a rural county as defined in RCW  
4 82.14.370.

5 (f) "Substitute provider" includes physicians licensed under  
6 chapter 18.71 RCW, osteopathic physicians and surgeons licensed under  
7 chapter 18.57 RCW, podiatric physicians and surgeons licensed under  
8 chapter 18.22 RCW, physician assistants licensed under chapter 18.71A  
9 RCW, osteopathic physician assistants licensed under chapter 18.57A  
10 RCW, and advanced registered nurse practitioners licensed under  
11 chapter 18.79 RCW.

12 NEW SECTION. **Sec. 4.** Section 3 of this act is necessary for the  
13 immediate preservation of the public peace, health, or safety, or  
14 support of the state government and its existing public institutions,  
15 and takes effect immediately."

16  
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19 On page 1, line 2 of the title, after "48.43.750;", strike "and"  
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21 On page 1, line 3, after "RCW" insert "; adding a new section to  
chapter 74.09 RCW; and declaring an emergency"

EFFECT:

- Defines substitute providers as physicians, osteopathic physicians, podiatric physicians, physician and osteopathic physician assistants, and ARNPs.
- Permits hospitals, rural health clinics, and rural providers to use substitute providers under certain circumstances.
- Requires Medicaid Managed Care Organizations (MCOs) to reimburse substitute providers that provider services to MCO beneficiaries.
- Adds an emergency clause to section 3.

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