

CERTIFICATION OF ENROLLMENT

ENGROSSED HOUSE BILL 1552

66th Legislature
2020 Regular Session

Passed by the House March 9, 2020
Yeas 96 Nays 0

**Speaker of the House of
Representatives**

Passed by the Senate March 6, 2020
Yeas 48 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED HOUSE BILL 1552** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

ENGROSSED HOUSE BILL 1552

AS AMENDED BY THE SENATE

Passed Legislature - 2020 Regular Session

State of Washington 66th Legislature 2019 Regular Session

By Representatives Dolan, Doglio, Fey, Senn, Appleton, Robinson, Ryu, Jinkins, Macri, and Leavitt

Read first time 01/24/19. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to health care provider credentialing by health
2 carriers; amending RCW 48.43.750; adding a new section to chapter
3 48.43 RCW; adding a new section to chapter 74.09 RCW; and declaring
4 an emergency.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 **Sec. 1.** RCW 48.43.750 and 2016 c 123 s 1 are each amended to
7 read as follows:

8 (1)(a) A health carrier (~~shall~~) must use the database selected
9 pursuant to RCW 48.165.035 to accept and manage credentialing
10 applications from health care providers. A health carrier may not
11 require a health care provider to submit credentialing information in
12 any format other than through the database selected pursuant to RCW
13 48.165.035.

14 (b) Effective June 1, 2018, a health carrier shall make a
15 determination approving or denying a credentialing application
16 submitted to the carrier no later than ninety days after receiving a
17 complete application from a health care provider.

18 (c) Effective June 1, 2020, a health carrier shall make a
19 determination approving or denying a credentialing application
20 submitted to the carrier no later than ninety days after receiving a
21 complete application from a health care provider. All determinations

1 made by a health carrier in approving or denying credentialing
2 applications must average no more than sixty days.

3 (d) This section does not require health carriers to approve a
4 credentialing application or to place providers into a network.

5 (2) This section does not apply to health care entities that
6 utilize credentialing delegation arrangements in the credentialing of
7 their health care providers with health carriers.

8 (3) For purposes of this section, "credentialing" means the
9 collection, verification, and assessment of whether a health care
10 provider meets relevant licensing, education, and training
11 requirements.

12 (4) Nothing in this section creates an oversight or enforcement
13 duty on behalf of the office of the insurance commissioner against a
14 health carrier for failure to comply with the terms of this section.

15 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43
16 RCW to read as follows:

17 (1) If a carrier approves a health care provider's credentialing
18 application, upon completion of the credentialing process, the
19 carrier must reimburse a health care provider under the following
20 circumstances:

21 (a) When credentialing a new health care provider through a new
22 provider contract, the carrier must reimburse the health care
23 provider for covered services provided to the carrier's enrollee
24 retroactively to the date of contract effectiveness if the
25 credentialing process extends beyond the effective date of the new
26 contract.

27 (b) When credentialing a provider to be added to an approved and
28 in-use provider contract where a relationship existed between the
29 carrier and the health care provider or the entity for whom the
30 health care provider is employed or engaged at the time the health
31 care provider submitted the completed credentialing application, the
32 carrier must reimburse the health care provider for covered health
33 care services provided to the carrier's enrollees during the
34 credentialing process beginning when the health care provider
35 submitted a completed credentialing application to the carrier.

36 (2) The health carrier must reimburse the health care provider at
37 the contracted rate for the applicable health benefit plan that the
38 health care provider would have been paid at the time the services

1 were provided if the health care provider were fully credentialed by
2 the carrier.

3 (3) Nothing in this section requires reimbursement of health care
4 provider-rendered services that are not benefits or services covered
5 by the health carrier's health benefit plan.

6 (4) Nothing in this section requires a health carrier to pay
7 reimbursement for any covered medical services provided by a health
8 care provider applicant if the health care provider's credentialing
9 application is not approved or if the carrier and health care
10 provider do not enter into a contractual relationship.

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

13 (1) In order to protect patients and ensure that they benefit
14 from seamless quality care when contracted providers are absent from
15 their practices or when there is a temporary vacancy in a position
16 while a hospital, rural health clinic, or rural provider is
17 recruiting to meet patient demand, hospitals, rural health clinics,
18 and rural providers may use substitute providers to provide services.
19 Medicaid managed care organizations must allow for the use of
20 substitute providers and provide payment consistent with the
21 provisions in this section.

22 (2) Hospitals, rural health clinics, and rural providers that are
23 contracted with a medicaid managed care organization may use
24 substitute providers that are not contracted with a managed care
25 organization when:

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

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

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

36 (4) To be eligible for reimbursement under this section for
37 services provided on behalf of a contracted provider for greater than
38 sixty days, a substitute provider must enroll in a medicaid managed

1 care organization. Enrollment of a substitute provider in a medicaid
2 managed care organization is effective on the later of:

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

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

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

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

14 (7) For purposes of this section:

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

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

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

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

30 (e) "Rural provider" means physicians licensed under chapter
31 18.71 RCW, osteopathic physicians and surgeons licensed under chapter
32 18.57 RCW, podiatric physicians and surgeons licensed under chapter
33 18.22 RCW, physician assistants licensed under chapter 18.71A RCW,
34 osteopathic physician assistants licensed under chapter 18.57A RCW,
35 and advanced registered nurse practitioners licensed under chapter
36 18.79 RCW, who are located in a rural county as defined in RCW
37 82.14.370.

38 (f) "Substitute provider" includes physicians licensed under
39 chapter 18.71 RCW, osteopathic physicians and surgeons licensed under
40 chapter 18.57 RCW, podiatric physicians and surgeons licensed under

1 chapter 18.22 RCW, physician assistants licensed under chapter 18.71A
2 RCW, osteopathic physician assistants licensed under chapter 18.57A
3 RCW, and advanced registered nurse practitioners licensed under
4 chapter 18.79 RCW.

5 NEW SECTION. **Sec. 4.** Section 3 of this act is necessary for the
6 immediate preservation of the public peace, health, or safety, or
7 support of the state government and its existing public institutions,
8 and takes effect immediately.

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