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**SENATE BILL 5246**

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**State of Washington**

**67th Legislature**

**2021 Regular Session**

**By** Senators Randall, Frockt, Conway, Das, Nguyen, Nobles, Saldaña, and Wilson, C.

Read first time 01/15/21. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to reimbursement for primary care services for  
2 medicaid beneficiaries; and adding a new section to chapter 74.09  
3 RCW.

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

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 74.09  
6 RCW to read as follows:

7 (1) Except as provided in subsection (2) of this section,  
8 beginning January 1, 2022, medicaid payment for primary care services  
9 that are reimbursed solely at the existing medical assistance rates,  
10 furnished by a nurse practitioner, naturopath, physician assistant,  
11 osteopathic physician assistant, physician, or osteopathic physician,  
12 on a fee-for-service basis as well as through managed health care  
13 systems, must be at least 15 percent above medical assistance rates  
14 as in effect on January 1, 2019.

15 (2) Beginning January 1, 2022, medicaid payment for pediatric  
16 critical care, neonatal critical care, and neonatal intensive care  
17 services that are reimbursed solely at the existing medical  
18 assistance rates, furnished by a nurse practitioner, naturopath,  
19 physician assistant, osteopathic physician assistant, physician, or  
20 osteopathic physician, on a fee-for-service basis as well as through

1 managed health care systems, must be at least 21 percent above  
2 medical assistance rates as in effect on January 1, 2019.

3 (3) The authority must apply reimbursement rates required under  
4 this section to payment codes in a manner consistent with the  
5 temporary increase in medicaid reimbursement rates under federal  
6 rules and guidance in effect on January 1, 2014, implementing the  
7 patient protection and affordable care act, except that the authority  
8 may not require provider attestations.

9 (4) The authority must pursue a state plan amendment to require  
10 medicaid managed care organizations to increase rates under this  
11 section through adoption of a uniform percentage increase for network  
12 providers pursuant to 42 C.F.R. Sec. 438.6(c)(1)(iii)(B), as existing  
13 on January 1, 2020.

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