

SSB 5927 - S AMD 413

By Senator Keiser

WITHDRAWN 05/03/2011

1 On page 6, line 13 after "system" strike "shall pay a
2 nonparticipating provider that provides a service covered under this
3 chapter to the system's enrollee no more than the amount paid for that
4 service under the state's medicaid fee-for-service program." And
5 insert, "shall only be obligated to pay the nonparticipating
6 provider's charges based upon a statewide mode reimbursement rate for
7 the same services contracted for under this section by the managed
8 health care system. Any disputes over reimbursement shall be resolved
9 pursuant to the managed health care system's dispute resolution
10 process."

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12 On page 6, line 29 after "18.130.180(7)." Insert the following:
13 "(9) Pursuant to federal managed care access standards, 42 CFR 438,
14 managed health care systems must maintain a network of appropriate
15 providers that is supported by written agreements sufficient to
16 provide adequate access to all services covered under the contract
17 with the department, including hospital-based physician services."

18
19 On page 10, line 7 after "system" strike "shall pay a
20 nonparticipating provider that provides a service covered under this
21 chapter to the system's enrollee no more than the amount paid for that
22 service under the state's medicaid fee-for-service program." And
23 insert, "shall only be obligated to pay the nonparticipating
24 provider's charges based upon a statewide mode reimbursement rate for
25 the same services contracted for under this section by the managed
26 health care system. Any disputes over reimbursement shall be resolved
27

1 pursuant to the managed health care system's dispute resolution
2 process."

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4 On page 11, line 28 after "RCW 41.05.140." insert the following:
5 "(9) Pursuant to federal managed care access standards, 42 CFR 438,
6 managed health care systems must maintain a network of appropriate
7 providers that is supported by written agreements sufficient to
8 provide adequate access to all services covered under the contract
9 with the department, including hospital-based physician services."

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11 On page 12, line 9 after "affected." Insert the following:

12 "NEW SECTION. Sec. 7. This act expires on January 1, 2014."

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EFFECT:

- Changes the requirement for Medicaid and Basic Health managed care plans to pay nonparticipating providers based on the statewide mode of the rates paid for the same services by the Medicaid or Basic Health managed health care system, rather than the Medicaid fee for service rate. Disputes shall be resolved using the managed care system's dispute resolution process.
- Requires the managed care contracts to maintain a network of appropriate providers, including hospital-based physician services
- Inserts an expiration date of 1/1/14.

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