
Appropriations Committee

HB 1637

Brief Description: Concerning the reimbursement rate primary care providers receive to participate in medicaid.

Sponsors: Representatives Pettigrew, Harris, Stonier, Johnson, Cody, DeBolt, Jinkins, Caldier, Riccelli, Appleton, Senn, Kilduff, McBride and Kagi.

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| <p>Brief Summary of Bill</p> <ul style="list-style-type: none">• Requires the Health Care Authority to reimburse primary care services furnished by certain providers at rates no less than 100 percent of the Medicare level. |
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Hearing Date: 2/16/17

Staff: Catrina Lucero (786-7192).

Background:

The federal Affordable Care Act (ACA) required states to increase Medicaid primary care physician reimbursement to Medicare levels from January 1, 2013, to December 31, 2014, with the federal government paying 100 percent of this increase. In total, Washington received approximately \$145.5 million in federal funds for this temporary rate increase. The provision applied to fee-for-service and managed care providers for evaluation and management and vaccine administration services when delivered by a physician with a specialty designation of family medicine, general internal medicine, or pediatric medicine. Specialists and subspecialists within those designations as recognized by the American Board of Medical Specialties, the American Osteopathic Association, or the American Board of Physician Specialties also qualified for the enhanced payments. The enhanced federal funding ended December 31, 2014.

Summary of Bill:

Medicaid payment for primary care services furnished by a nurse practitioner; a physician with a primary specialty designation of family medicine, general internal medicine, or pediatric

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medicine; or recognized subspecialists must be at a rate not less than 100 percent of the Medicare rate that applies. This requirement applies to services provided fee-for-service and through managed health care systems.

Appropriation: None.

Fiscal Note: Requested on February 6, 2017.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.