
HOUSE BILL 1713

State of Washington

68th Legislature

2023 Regular Session

By Representatives Maycumber, Chapman, Mosbrucker, Walsh, Ybarra, Tharinger, McEntire, Graham, Sandlin, Volz, Griffey, Couture, Kretz, Dent, Schmick, Barnard, Eslick, and Timmons

Read first time 02/01/23. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to increasing access to health care services in
2 rural and underserved areas of the state; and adding a new section to
3 chapter 74.09 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) Beginning July 1, 2024, the authority shall conduct a pilot
8 project to increase medical assistance program payments to health
9 care providers and health care facilities serving a high proportion
10 of patients enrolled in medical assistance programs under this
11 chapter and medicare.

12 (2) Between July 1, 2024, and July 1, 2027, a health care
13 provider or health care facility may receive a rebalancing payment
14 under this section if:

15 (a) The health care provider or health care facility is
16 authorized by the authority to provide covered health care services
17 to persons enrolled in medical assistance programs under this
18 chapter;

19 (b) The health care provider or health care facility is located
20 in:

21 (i) A rural area of the state; or

1 (ii) An area of the state with a high concentration of persons
2 who have historically been marginalized and underserved with respect
3 to health care access, whether the community is located in an urban,
4 suburban, or rural area;

5 (c) At least 50 percent of the health care provider's or health
6 care facility's patient encounters during the relevant payment period
7 were patients enrolled in medical assistance programs under this
8 chapter or medicare; and

9 (d) The health care provider or health care facility submits the
10 information required by the authority to determine eligibility for
11 the rebalancing payment and the amount of the rebalancing payment.

12 (3) The amount of the rebalancing payment for a health care
13 provider or health care facility shall be the difference between the
14 health care provider's or health care facility's actual reimbursement
15 from all sources, including managed health care systems and the
16 authority's fee-for-service programs, for health care services
17 provided to patients enrolled in medical assistance programs under
18 this chapter for the relevant payment period and the amount that the
19 health care provider or health care facility would have received for
20 those health care services had it been reimbursed at 100 percent of
21 reasonable costs based on medicare reimbursement standards.

22 (4) The authority shall establish a process for health care
23 providers and health care facilities to apply for the rebalancing
24 payment under this section and a method to calculate the appropriate
25 rebalancing payment for patients who were enrolled in medical
26 assistance programs under this chapter during the relevant payment
27 period. The authority shall determine the dates of relevant payment
28 periods which shall be on a quarterly basis.

29 (5) The authority shall:

30 (a) Establish criteria, forms, and methodologies for determining
31 the eligibility of health care providers and health care facilities
32 for a rebalancing payment under this section, including criteria for
33 determining the geographic criteria under subsection (2)(b) of this
34 section;

35 (b) Calculate the appropriate rebalancing payment for eligible
36 health care providers and health care facilities;

37 (c) Establish a methodology for determining 100 percent of
38 reasonable costs based on medicare reimbursement standards and apply
39 the methodology to calculate each eligible health care provider's and
40 health care facility's rebalancing payment;

1 (d) Disburse payments to health care providers and health care
2 facilities on a quarterly basis; and

3 (e) Adopt rules necessary to implement this chapter.

4 (6) By December 1, 2027, the authority shall submit a report to
5 the governor's office and the legislature on the results of the pilot
6 project. The report must contain:

7 (a) The number of health care providers and health care
8 facilities that received the rebalancing payment under the pilot
9 project and the average amounts received by category of health care
10 provider and health care facility;

11 (b) An analysis of access to health care services in rural and
12 historically marginalized communities and overall health impacts of
13 any changes in access in communities in which rebalancing payments
14 were received;

15 (c) A comparison of the status of the health care providers and
16 health care facilities in the communities in which rebalancing
17 payments were received from prior to the pilot project to its
18 completion for the following:

19 (i) Health care provider and health care facility payment rates
20 from all categories of payers;

21 (ii) The number of health care providers and health care
22 facilities providing health care services to the community, by
23 category of health care provider or health care facility; and

24 (iii) The number of services provided to members of the
25 community, by category, regardless of payer; and

26 (d) Recommendations of ways to more equitably reimburse health
27 care providers and health care facilities in medical assistance
28 programs under this chapter so that private insurance programs are
29 not compelled to pay higher rates to health care providers and health
30 care facilities to offset low medical assistance rates.

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