

**RCW 71.24.885 Medicaid rate increases—Review authority—**

**Reporting.** (1) It is the intent of the legislature that behavioral health medicaid rate increases be grounded with the rate-setting process for the provider type or practice setting.

(2) In implementing a rate increase funded by the legislature, including rate increases provided through managed care organizations, the authority must work with the actuaries responsible for establishing medicaid rates for behavioral health services and managed care organizations responsible for distributing funds to behavioral health services to assure that appropriate adjustments are made to the wraparound with intensive services case rate, as well as any other behavioral health services in which a case rate is used.

(3) (a) The authority shall establish a process for verifying that funds appropriated in the omnibus operating appropriations act for targeted behavioral health provider rate increases, including rate increases provided through managed care organizations, are used for the objectives stated in the appropriation.

(b) The process must: (i) Establish which behavioral health provider types the funds are intended for; (ii) include transparency and accountability mechanisms to demonstrate that appropriated funds for targeted behavioral health provider rate increases are passed through, in the manner intended, to the behavioral health providers who are the subject of the funds appropriated for targeted behavioral health provider rate increases; (iii) include actuarial information provided to managed care organizations to ensure the funds directed to behavioral health providers have been appropriately allocated and accounted for; and (iv) include the participation of managed care organizations, behavioral health administrative services organizations, providers, and provider networks that are the subject of the targeted behavioral health provider rate increases. The process must include a method for determining if the funds have increased access to the behavioral health services offered by the behavioral health providers who are the subject of the targeted provider rate increases.

(c) The process may:

(i) Include a quantitative method for determining if the funds have increased access to behavioral health services offered by the behavioral health providers who received the targeted provider rate increases;

(ii) Ensure the viability of pass-through payments in a capitated rate methodology; and

(iii) Ensure that medicaid rate increases account for the impact of value-based contracting on provider reimbursements and implementations of pass-through payments.

(4) By November 1st of each year, the authority shall report to the committees of the legislature with jurisdiction over behavioral health issues and fiscal matters regarding the established process for each appropriation for a targeted behavioral health provider rate increase, whether the funds were passed through in accordance with the appropriation language, and any information about increased access to behavioral health services associated with the appropriation. The reporting requirement for each appropriation for a targeted behavioral health provider rate increase shall continue for two years following the specific appropriation. [2020 c 285 s 1.]