RCW 74.09.328 Use of substitute providers—When permitted—
Reimbursement requirements. (1) In order to protect patients and
ensure that they benefit from seamless quality care when contracted
providers are absent from their practices or when there is a temporary
vacancy in a position while a hospital, rural health clinic, or rural
provider is recruiting to meet patient demand, hospitals, rural health
clinics, and rural providers may use substitute providers to provide
services. Medicaid managed care organizations must allow for the use
of substitute providers and provide payment consistent with the
provisions in this section.

(2) Hospitals, rural health clinics, and rural providers that are
contracted with a medicaid managed care organization may use
substitute providers that are not contracted with a managed care
organization when:
   (a) A contracted provider is absent for a limited period of time
due to vacation, illness, disability, continuing medical education, or
other short-term absence; or
   (b) A contracted hospital, rural health clinic, or rural provider
is recruiting to fill an open position.

(3) For a substitute provider providing services under subsection
(2)(a) of this section, a contracted hospital, rural health clinic, or
rural provider may bill and receive payment for services at the
contracted rate under its contract with the managed care organization
for up to sixty days.

(4) To be eligible for reimbursement under this section for
services provided on behalf of a contracted provider for greater than
sixty days, a substitute provider must enroll in a medicaid managed
care organization. Enrollment of a substitute provider in a medicaid
managed care organization is effective on the later of:
   (a) The date the substitute provider filed an enrollment
application that was subsequently approved; or
   (b) The date the substitute provider first began providing
services at the hospital, rural health clinic, or rural provider.

(5) A substitute provider who enrolls with a medicaid managed
care organization may not bill under subsection (4) of this section
for any services billed to the medicaid managed care organization
pursuant to subsection (3) of this section.

(6) Nothing in this section obligates a managed care organization
to enroll any substitute provider who requests enrollment if they do
not meet the organizations enrollment criteria.

(7) For purposes of this section:
   (a) "Circumstances precluded enrollment" means that the provider
has met all program requirements including state licensure during the
thirty-day period before an application was submitted and no final
adverse determination precluded enrollment. If a final adverse
determination precluded enrollment during this thirty-day period, the
contractor shall only establish an effective billing date the day
after the date that the final adverse action was resolved, as long as
it is not more than thirty days prior to the date on which the
application was submitted.
   (b) "Contracted provider" means a provider who is contracted with
a medicaid managed care organization.
   (c) "Hospital" means a facility licensed under chapter 70.41 or
71.12 RCW.
   (d) "Rural health clinic" means a federally designated rural
health clinic.
(e) "Rural provider" means physicians licensed under chapter 18.71 RCW, osteopathic physicians and surgeons licensed under chapter 18.57 RCW, podiatric physicians and surgeons licensed under chapter 18.22 RCW, physician assistants licensed under chapter 18.71A RCW, osteopathic physician assistants licensed under *chapter 18.57A RCW, and advanced registered nurse practitioners licensed under chapter 18.79 RCW, who are located in a rural county as defined in RCW 82.14.370.

(f) "Substitute provider" includes physicians licensed under chapter 18.71 RCW, osteopathic physicians and surgeons licensed under chapter 18.57 RCW, podiatric physicians and surgeons licensed under chapter 18.22 RCW, physician assistants licensed under chapter 18.71A RCW, osteopathic physician assistants licensed under *chapter 18.57A RCW, and advanced registered nurse practitioners licensed under chapter 18.79 RCW. [2020 c 4 § 3.]

*Reviser's note: Chapter 18.57A RCW was repealed in its entirety by 2020 c 80 § 59, effective July 1, 2022. For later enactment, see RCW 18.71A.140.

Effective date—2020 c 4 § 3: "Section 3 of this act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately [March 17, 2020]." [2020 c 4 § 4.]