

# Proportion of non-participating providers serving Apple Health enrollees

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## Annual report: July 1, 2024–June 30, 2025

House Bill 1652; Section 1(11); Chapter 256; Laws of 2015

Engrossed Substitute Senate Bill 5927; Section 4(3); Chapter 9; Laws of 2011

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## Executive summary

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The Washington State Health Care Authority (HCA) is submitting this report to the Legislature as required by House Bill (HB) 1652 (2015):

“Pursuant to federal managed care access standards, 42 C.F.R. Sec. 438, managed care health care systems must maintain a network of appropriate providers that is supported by written agreements sufficient to provide adequate access to all services covered under the contract with the authority, including hospital-based physician services. The authority will monitor and periodically report on the proportion of services provided by contracted providers and nonparticipating providers, by county, for each managed health care system to ensure that managed health care systems are meeting network adequacy requirements. No later than January 1st of each year, the authority will review and report its findings to the appropriate policy and fiscal committees of the legislature for the preceding state fiscal year.”

As directed by the Legislature, this report details the proportion of services provided by non-participating providers to Washington Apple Health (Medicaid) managed care organization (MCO) enrollees. Non-participating providers do not have written contracts to participate in an MCO provider network. However, these are qualified providers that are enrolled with the State Medicaid Agency according to HCA policy and who deliver health care services to enrollees for care provided by an MCO.

All Apple Health MCOs are responsible for contracting with enough providers in all contracted areas of health care to meet the needs of their enrollees. However, some care is purchased from non-participating providers. To ensure fiscally responsible cost of care, the state’s Apple Health contract requires plans to reimburse non-participating providers no more than the lowest amount paid for that service under the plan’s contracts with similar providers in the state.

A managed care enrollee may seek services from a non-participating provider for any of the following reasons:

- It is an emergency.
- The service or type of provider is not available within the contract network.
- An appointment with a participating provider cannot be scheduled to provide the service within an appropriate time frame.

The MCOs typically have processes in place to review the last two circumstances to ensure the use of qualified providers.

The data in this report relates to services provided from July 1, 2024, through June 30, 2025, and purchased from non-participating providers as reported by each MCO. Federally required claims-paid data reporting is relied upon as the source of data for this report. This report includes data for the two MCO contracts: Integrated Managed Care (IMC) and Integrated Foster Care (IFC). There is no national standard or published best practice by which to benchmark these results; thus, this report provides year-over-year comparisons.

## Summary of findings

The total cost of care by non-participating providers and total number of non-participating providers increased this year; however, the overall percentage of claims and numbers of clients receiving care by non-participating providers decreased.

- Total spent this period across both Apple Health IMC and IFC contracts for non-participating providers was \$285 million. This is a \$68 million increase from last year and four percent of all expenditure, which is a one percent increase over previous years.
- For the IMC contract, the total spent this period for non-participating providers was \$281 million.
- For the IFC contract the total spent was \$4 million.

Overall, 18 percent of all claims paid were to non-participating providers, which supported care for only eight percent of all MCO-enrolled clients receiving health care services.

- This represents a one percent decrease from last year in non-participating providers paid and a two percent decrease in the percentage of clients receiving services from a non-participating provider.
- The most dollars paid to non-participating providers occur in the larger counties (King, Pierce, Snohomish, Spokane, and Skagit).

There is no national standard or published best practice by which to benchmark these results.

# Background

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HCA contracts with five MCOs:

- **Community Health Plan of Washington** (CHPW)
- **Coordinated Care of Washington** (CCW)
- **Molina Healthcare of Washington** (MHW)
- **UnitedHealthcare Community Plan** (UHC)
- **Wellpoint of Washington** (WLP)

This report shows the cost and utilization of services provided between July 1, 2024, through June 30, 2025, to Apple Health MCO enrollees by non-participating providers. The data is reported by county, by MCO, and by contract (IMC and IFC). HCA directed each MCO to provide the following data for the fiscal year (FY):

- The total amount paid, per county, that the MCO paid to all providers for overall services (claims paid) delivered to Apple Health enrollees.
- Percent of total cost, per county, that the MCO paid to non-participating providers—including hospital-based providers—for services (claims paid) delivered to Apple Health enrollees.
- Number of total claims and distinct number of non-participating provider claims, per county, that the MCO paid.
- Number of total clients with paid claims and distinct number of client claims MCO paid to non-participating providers.
- Data regarding types of providers paid in the following categories:
  - Acupuncture
  - Allergy
  - Anesthesiologist/anesthetist
  - Applied behavior analysis (ABA)
  - Behavioral health
  - Carceral facilities
  - Chiropractor
  - Dietician/nutritionist
  - Durable medical equipment (DME)
  - Emergency room (ER) (including facilities and hospitals, freestanding and urgent care, walk-in clinics)
  - General practice, PA, MD, ARNP, DO, RN, Pharmacist, including all areas of focus (e.g. family practice, geriatrics, adolescent medicine, etc.)
  - Hearing and vision
  - Home health
  - Hospice
  - Hospital (any admit reason)
  - Infusion therapy
  - Long-term acute care (LTAC)
  - OB/GYN/Midwives
  - Other

- Outpatient facilities (Ambulatory Surgery Center)
- Pathology/lab
- Pediatrics
- Pharmacy
- Physical medicine and rehab (PM & R)
- Physician assistant (PA)
- Podiatry
- Private duty nursing (PDN)
- Radiology
- Sleep
- Skilled nursing facility
- Specialists such as:
  - Cardiovascular
  - Dermatology
  - Diabetes educator
  - Gastroenterologist
  - Naturopath
  - Neurology
  - Oncology
  - Orthopedics
  - Sports medicine
  - Urology
- Surgeon
- Therapy
- Tribal facility

This report provides year-to-year comparisons (FY 2024 – FY 2025) for the IMC and IFC contracts per plan for:

- Total paid
- Total non-participating providers paid
- Total clients who received services from a non-participating provider

# Key findings

HCA analyzes cost and utilization data to look for trends that may indicate network adequacy changes that could impact enrollee access to services. Here are some highlights of the analysis.

## Integrated Managed Care contract

The statewide IMC program reflects the following expenditures for the reporting period.

**Table 1: Expenditures in FY 2025 by MCO**

MCO	Total Non-par IMC Cost	Change from prior year	Percent of claims paid	Percent of clients
CHPW	\$23 million	-\$12 million	13%	10%
CCW	\$30 million	+\$8 million	10%	9%
MHW	\$192 million	+\$69 million	29%	16%
UHC	\$16 million	+\$4 million	29%	16%
WLP	\$19 million	-\$1 million	7%	16%

For IMC, the total amount paid to non-participating providers was \$118 million, which was an increase of \$68 million from the previous year. The number of non-participating providers paid increased by 653 providers, and the number of clients seeking services from a non-participating provider has decreased by 7,000 clients.

The most utilized non-participating provider specialty was Behavioral Health providers. (See the [Conclusion](#) for additional details)

## Integrated Foster Care contract

CCW paid approximately \$4 million in fiscal year to non-participating providers; this was comparable to the previous fiscal year. Nine percent of the claims paid were to non-participating providers for services provided to 10 percent of the clients.

The most utilized non-participating provider specialty are Indian health care providers (IHCPs). Tribal providers are not required to contract with MCOs per federal law.

## IMC fiscal year 2025 findings

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The statewide IMC program provides care for eligible Apple Health clients. Five MCOs are contracted for this program.

### Community Health Plan of Washington (CHPW)

In FY 2025, CHPW paid a total of \$1,013,937,273 for services to 13,179 providers for 1,290,914 IMC clients. See [chart 1](#) for top five county paid claims. Also, in FY 2025, CHPW paid approximately \$23 million (three percent of the total) to 2,456 providers (13 percent of the total) for 57,027 clients (four percent of the total) who received health care services from a non-participating provider.

No counties had 50 percent or more non-participating providers paid in this reporting period. No counties had more than 50 percent of clients seeing a non-participating provider for their health care needs in this reporting period (no chart).

The top non-participating provider type visited was “hospital,” which was less than one percent of the total paid to this provider type (see [chart 2](#) for top five non-participating provider type visited).

CHPW also paid approximately \$2 million to 424 non-participating providers for 3,295 clients who received services out of state or in a border city.

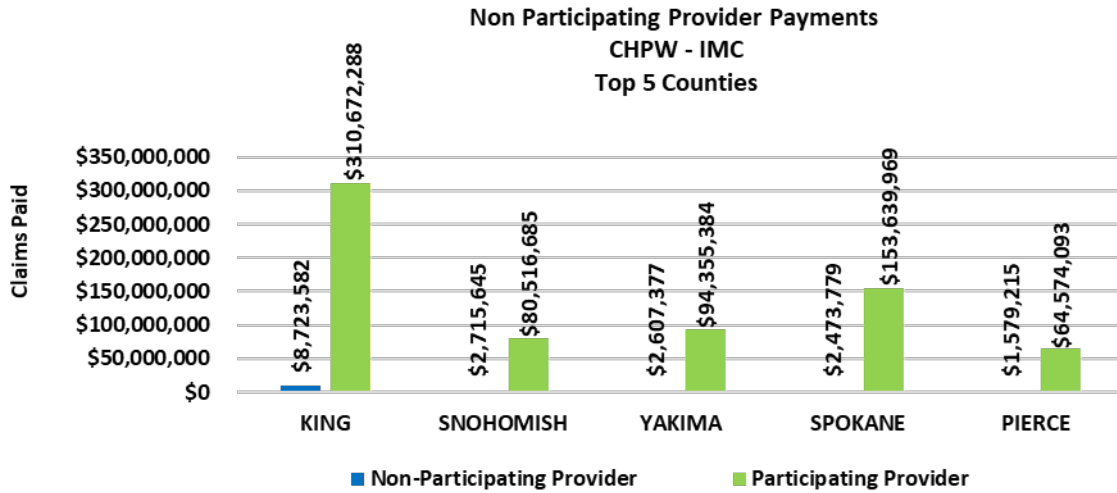
The top five counties with payment **increase** to non-participating providers were:

- **Yakima County:** \$1 million increase
- **Columbia County:** \$354,000 increase
- **Skamania County:** \$23,000 increase
- **Clallam County:** \$22,000 increase
- **Asotin County:** \$21,000 increase

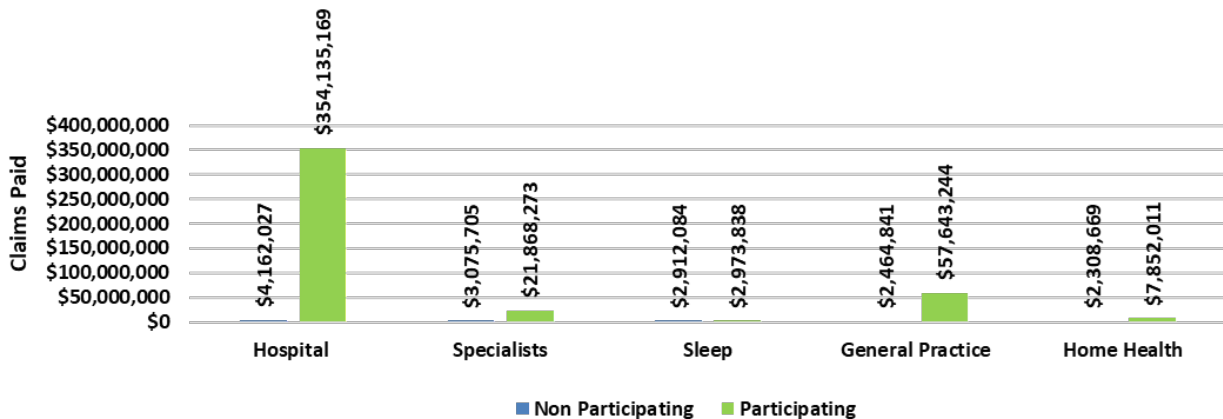
The top five counties with payment **decrease** to non-participating providers were:

- **Skagit County:** \$6 million decrease
- **King County:** \$3 million decrease
- **Snohomish County:** \$2 million decrease
- **Spokane County:** \$697,000 decrease
- **Grays Harbor County:** \$631,000 decrease

**Chart 1: Non-participating paid amounts for CHPW IMC, top five counties**



**Chart 2: Paid amounts by specialty/subspecialty to non-participating providers for CHPW IMC, top five counties**



## Coordinated Care of Washington (CCW)

In FY 2025, CCW paid a total of \$838,290,595 for services to 6,465 providers for 480,483 IMC clients. See [chart 3](#) for top five county paid claims. Also in FY 2025, CCW paid approximately \$30 million (four percent of the total) to 853 providers (13 percent of the total) for 45,812 clients (10 percent of the total) who received health care services from a non-participating provider.

No counties had 50 percent or more non-participating providers paid in this reporting period. No counties had more than 50 percent of clients seeing a non-participating provider for their health care needs in this reporting period (no chart).

The top non-participating provider type visited was “tribal facility,” which was two percent of the total paid to this provider type (see [chart 4](#) for top five non-participating provider type visited). Note that tribes by federal law are not required to contract with managed care organizations.

CCW also paid a total of \$9 million to 1,079 non-participating providers for 6,304 clients who received services out of state or in a border city.

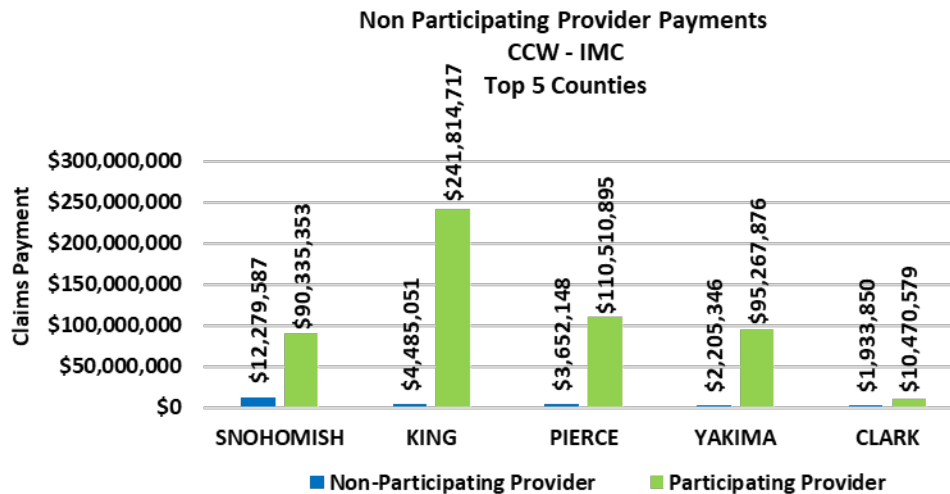
The top five counties with payment **increase** to non-participating providers were:

- **Snohomish County:** \$4 million increase
- **Pierce County:** \$832,000 increase
- **King Harbor:** County: \$709,000 increase
- **Yakima County:** \$593,000 increase
- **Clallam County:** \$593,000 increase

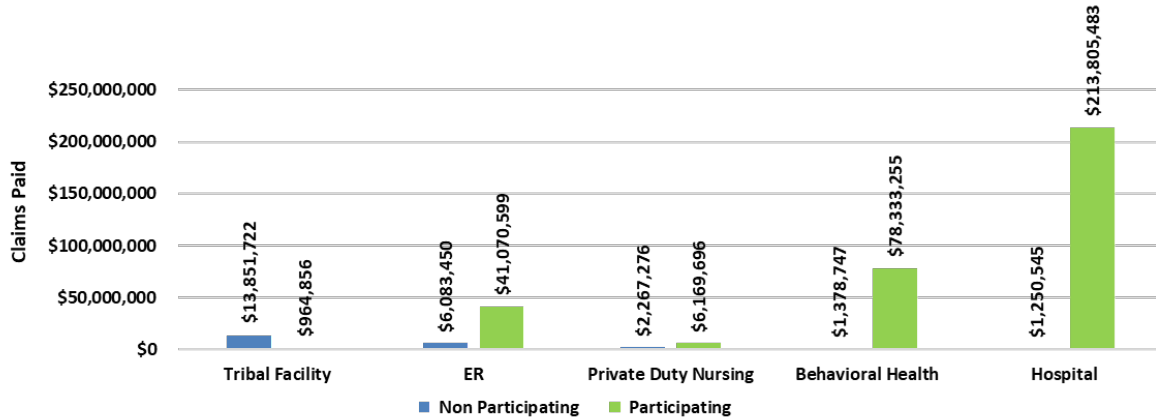
The top five counties with payment **decrease** to non-participating providers were:

- **Grays Harbor County:** \$137,000 decrease
- **Island County:** \$120,000 decrease
- **Chelan County:** \$66,000 decrease
- **Grant County:** \$6,000 decrease
- **Walla Walla County:** \$5,000 decrease

**Chart 3: Non-participating paid amounts for CCW IMC, top five counties**



**Chart 4: Paid amounts by specialty/subspecialty to non-participating providers for CCW IMC, top five counties**



## Molina Healthcare of Washington (MHW)

In FY 2025, MHW paid a total of \$2,689,551,796 for services to 7,603 providers for 1,596,250 IMC clients. See chart 5 for top five county paid claims. Also, in FY 2025, MHW paid approximately \$193 million (seven percent of the total) and was paid to 2,326 providers (31 percent of the total) for 105,677 clients (15 percent of the total) who received health care services from a non-participating provider.

No counties had 50 percent or more non-participating providers paid in this reporting period. No counties had more than 50 percent of clients seeing a non-participating provider for their health care needs in this reporting period (no chart).

The top non-participating provider type visited was “behavioral health,” which was three percent of the total paid to this provider type (see chart 6 for top five non-participating provider type visited).

MHW also paid approximately \$26 million to 2,893 non-participating providers for 32,775 clients who received services out of state or in a border city.

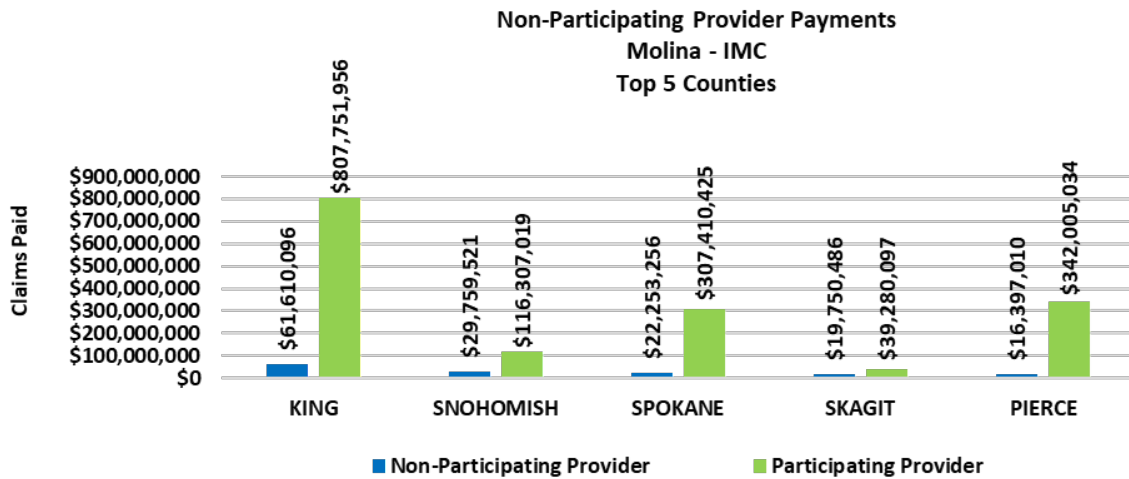
The top five counties with payment **increase** to non-participating providers were:

- **King County:** \$18 million increase
- **Pierce County:** \$12 million increase
- **Spokane County:** \$10 million increase
- **Snohomish County:** \$9 million increase
- **Thurston County:** \$9 million increase

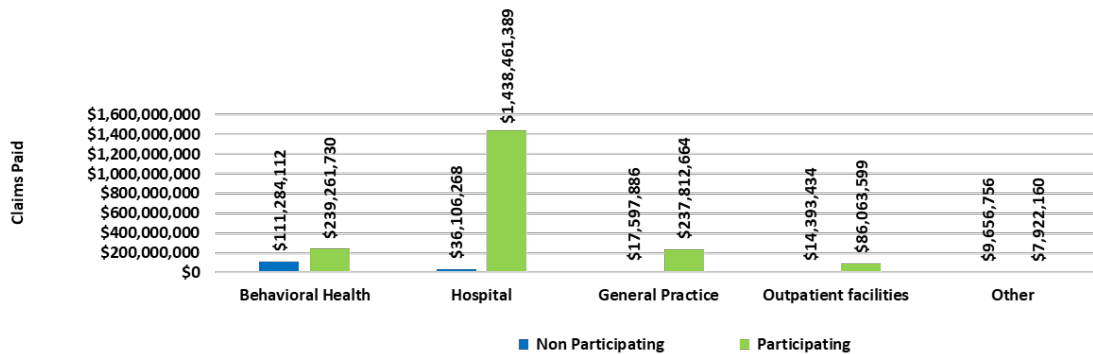
The top five counties with payment **decrease** to non-participating providers were:

- **Clallam County:** \$395,000 decrease
- **Chelan County:** \$215,000 decrease
- **Whatcom County:** \$144,000 decrease
- **Kitsap County:** \$100,000 decrease
- **Cowlitz County:** \$70,000 decrease

**Chart 5: Non-participating paid amounts for MHW IMC, top five counties**



**Chart 6: Paid amounts by specialty/subspecialty to non-participating providers for MHW IMC, top five counties**



## UnitedHealthcare Community Plan (UHC)

In FY 2025, UHC paid a total of \$728,887,249 for services to 3,381 providers for 263,521 IMC clients. See [chart 7](#) for top five county paid claims. Also, in FY 2025, UHC paid approximately \$16 million (two percent of the total) to 984 providers (29 percent of the total) for 43,376 clients (16 percent of the total) who received health care services from a non-participating provider.

One county had 50 percent or more non-participating providers paid in this reporting period. Benton County had 4,214 paid claims to non-participating clients for 89 percent of total paid (see [chart 8](#)).

The top non-participating provider type visited was “emergency room,” which was one percent of the total paid to this provider type (see [chart 9](#) for top five non-participating provider type visited).

UHC also paid approximately \$7 million to 2,633 providers for 9,440 clients who received services out of state or in a border city.

The top five counties with payment **increase** to non-participating providers were:

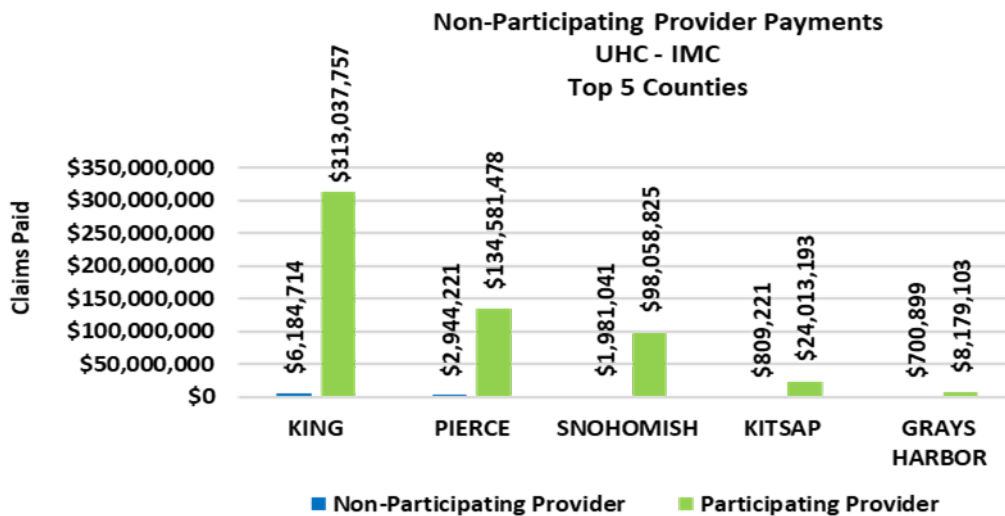
- **King County:** \$3 million increase

- **Pierce County:** \$942,000 increase
- **Lewis County:** \$461,000 increase
- **Benton County:** \$158,000 increase
- **Snohomish County:** \$128,000 increase

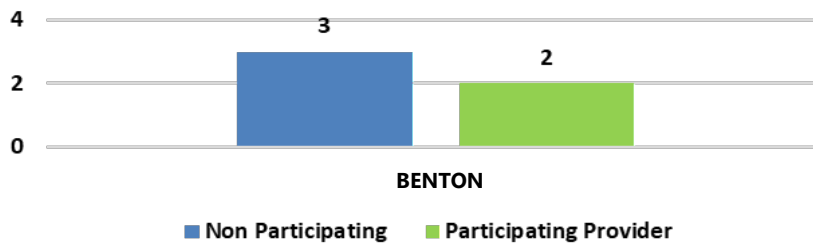
The top five counties with payment **decrease** to non-participating providers were:

- **Mason County:** \$820,000 decrease
- **Grays Harbor County:** \$308,000 decrease
- **Clark County:** \$146,000 decrease
- **Whatcom County:** \$555,000 decrease
- **Thurston County:** \$51,000 decrease

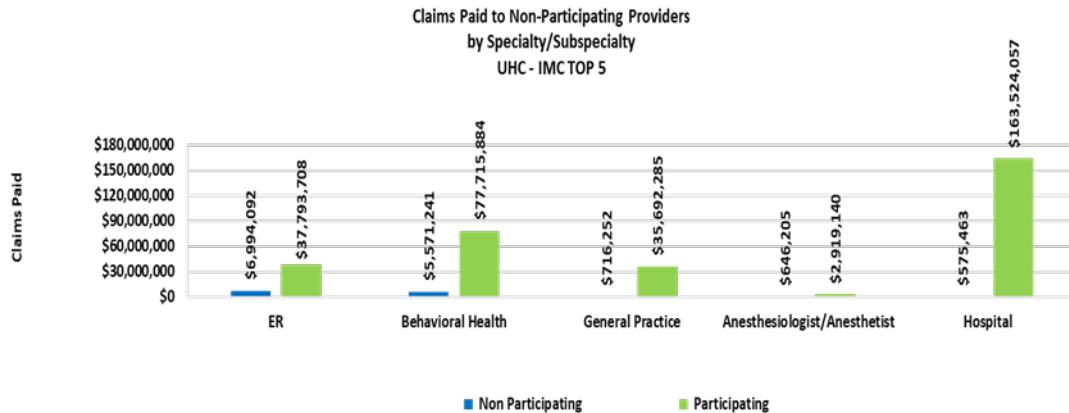
**Chart 7: Non-participating paid amounts for UHC IMC, top five counties**



**Chart 8: Counties with 50 percent or more clients paid to non-participating providers for UHC FIMC**



**Chart 9: Paid amounts by specialty/subspecialty to non-participating providers for UHC IMC, top five counties**



## Wellpoint (WLP)

In FY 2025, WLP paid a total of \$892,636,789 for services to 7,398 providers for 274,699 IMC clients (see [chart 10](#) for top five county-paid claims). Also, in FY 2025, WLP paid approximately \$19 million (two percent of the total) to 505 providers (seven percent of the total) for 42,879 clients (16 percent of the total) who received health care services from a non-participating provider.

No counties were paid 50 percent or more to a non-participating provider (no chart). No counties had more than 50 percent of clients seeing a non-participating provider for their health care needs (no chart).

The top non-participating provider type visited was “Emergency Room,” which was one percent of the total paid to this provider type (see [chart 11](#) for top five non-participating provider types visited).

WLP also paid \$12 million to 1,142 non-participating providers for 4,259 clients who received services out of state or in a border city.

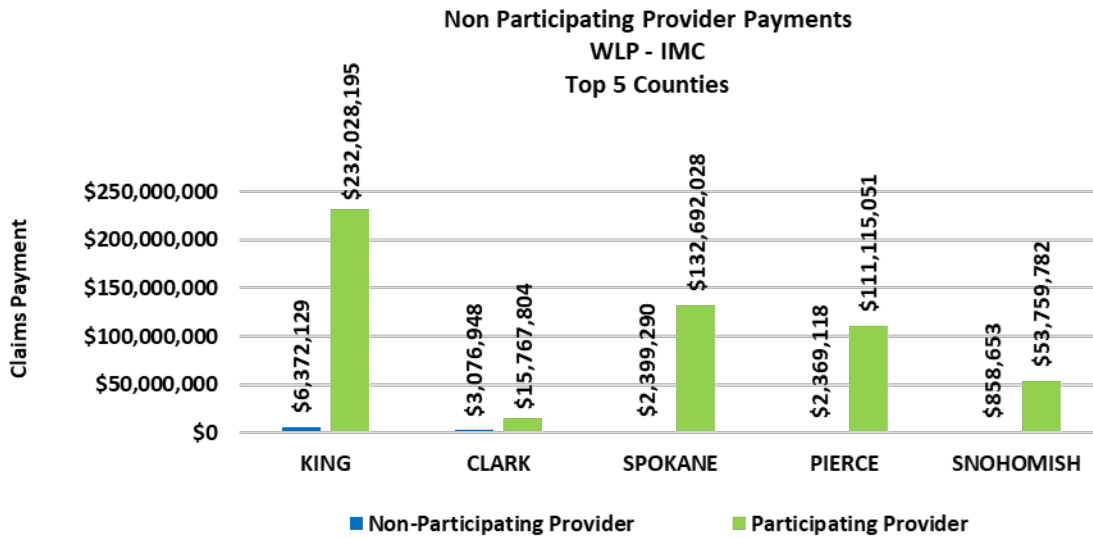
The top three counties with payment **increase** to non-participating providers were:

- **Franklin County:** \$159 increase
- **Grays Harbor County:** \$151 increase
- **Thurston:** \$147

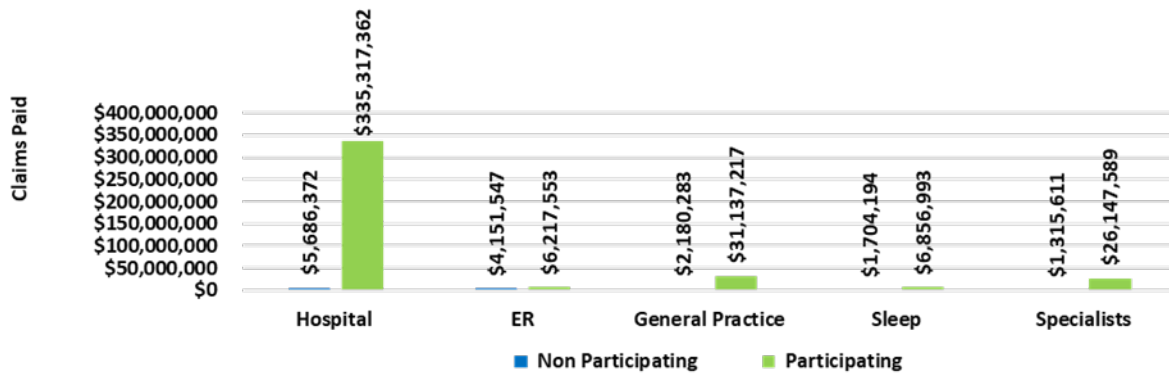
The top five counties with payment **decrease** to non-participating providers were:

- **Pierce County:** \$918 decrease
- **King County:** \$872 decrease
- **Benton County:** \$575 decrease
- **Snohomish County:** \$442 decrease
- **Clark County:** \$405 decrease

**Chart 10: Top five counties for non-participating provider paid amount for WLP IMC, top five counties**



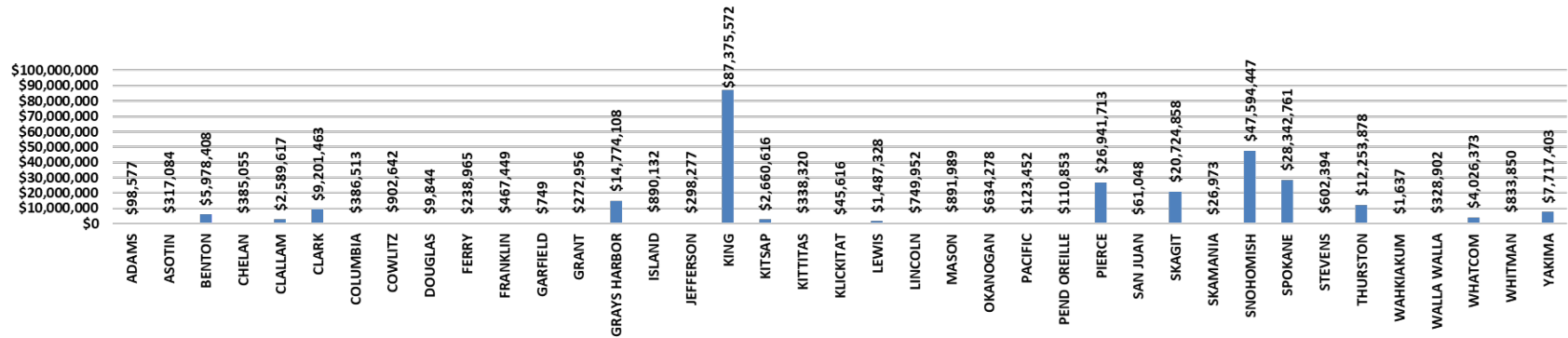
**Chart 11: Paid amounts by specialty/subspecialty to non-participating providers for WLP IMC, top five counties**



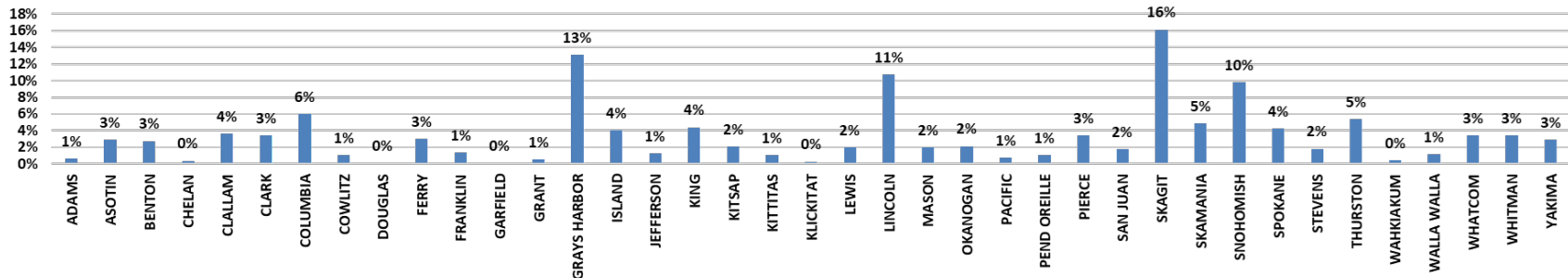
# Overall non-participating provider payment analysis for IMC

Charts 12, 13, and 14 reflect the non-participating provider use, by county, for all MCOs by dollars spent, utilization percentage, and provider specialty for the IMC contract.

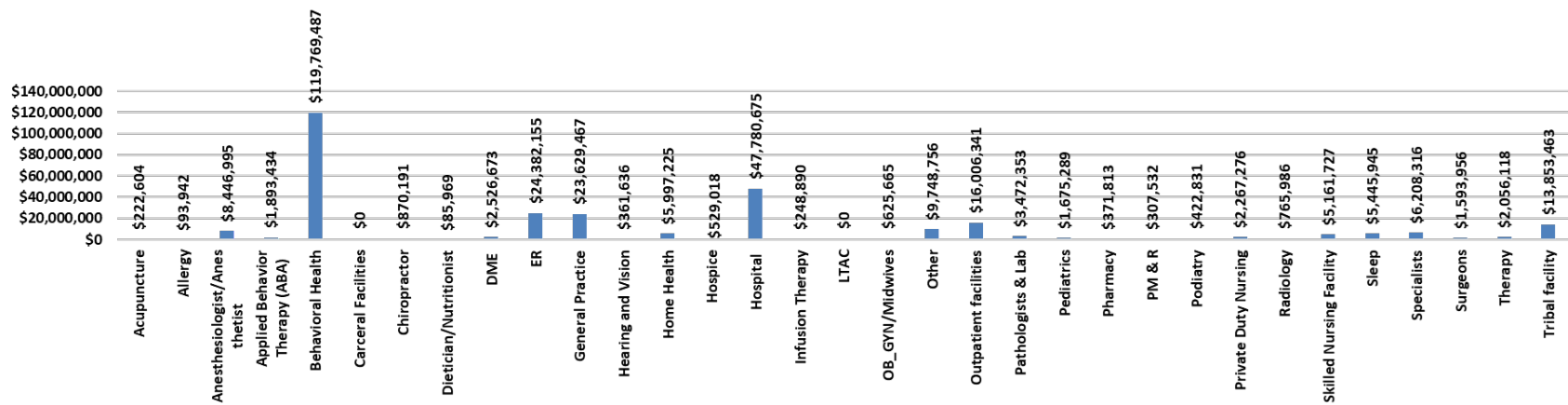
**Chart 12: Total non-participating paid amounts, all plans-per county**



**Chart 13: Percentage of total non-participating provider paid amounts per county, all plans**



**Chart 14: Non-participating provider paid amounts, by specialty-all plans**



## IFC fiscal year 2025 findings

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The statewide IFC program is available for children, youth, and young adults involved in the child welfare system, those in foster care, receiving adoption support, and alumni of foster care. The program was implemented April 1, 2016, and on January 1, 2019, HCA integrated behavioral health into the contract. CCW is the single statewide MCO for this program.

Overall, in FY 2025, CCW paid a total of \$117,162,371 for services to providers for 52,792 IFC enrollees (see [chart 15](#) for top five county-paid claims). Also in FY 2025, CCW paid approximately \$4 million (three percent of the total) to 331 providers (nine percent of the total) for 5,266 clients (10 percent of the total) who received health care services from a non-participating provider.

There was a \$200,000 decrease in dollars spent compared to the previous year. No counties were paid 50 percent or more to a non-participating provider (no chart) and no counties had more than 50 percent of clients seeing a non-participating provider for their health care needs (no chart).

The top five counties with payment **increase** to non-participating providers were:

- **Pierce County:** \$233,584 increase
- **Benton County:** \$85,580 increase
- **Clark County:** \$63,518 increase
- **Mason County:** \$63,301 increase
- **Clallam County:** \$52,490 increase

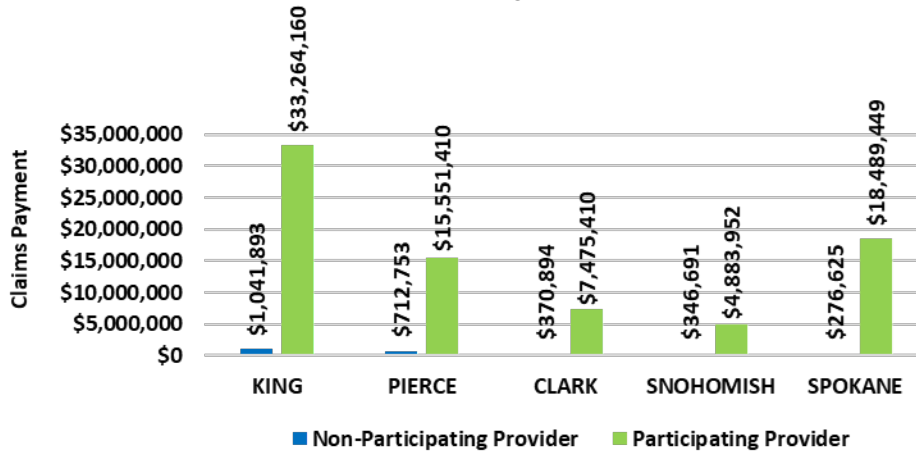
The top five counties with payment **decrease** to non-participating providers were:

- **Yakima County:** \$332,053 decrease
- **King County:** \$220,086 decrease
- **Cowlitz County:** \$118,790 decrease
- **Grays Harbor County:** \$68,768 decrease
- **Whatcom County:** \$55,249 decrease

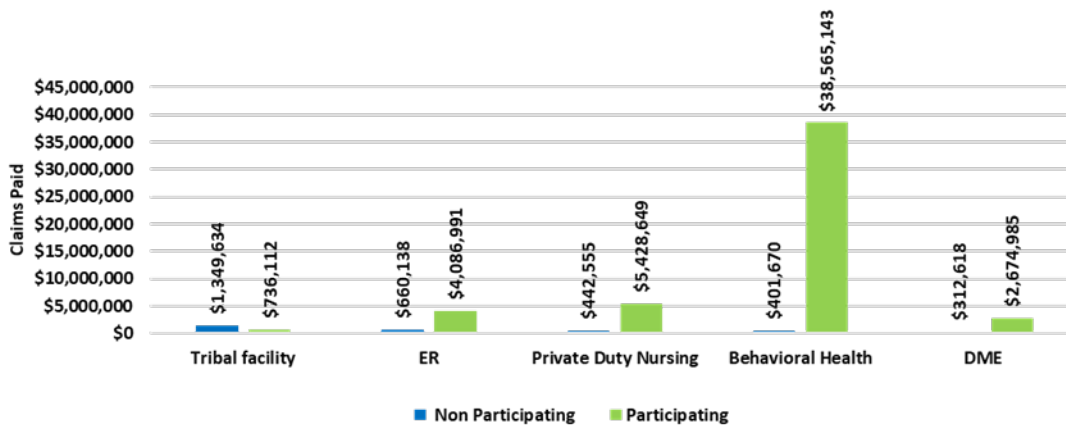
The top non-participating provider type visited was “Tribal facility” which was one percent of the total paid to this provider type (see [chart 16](#) for top five non-participating provider types visited). Note that Tribes by federal law are not required to contract with MCOs.

CCW also paid \$5 million to 217 non-participating providers for 956 clients who received services out of state or in a border city.

**Chart 15: Non-participating provider payments for CCW's IFC program, top five counties**



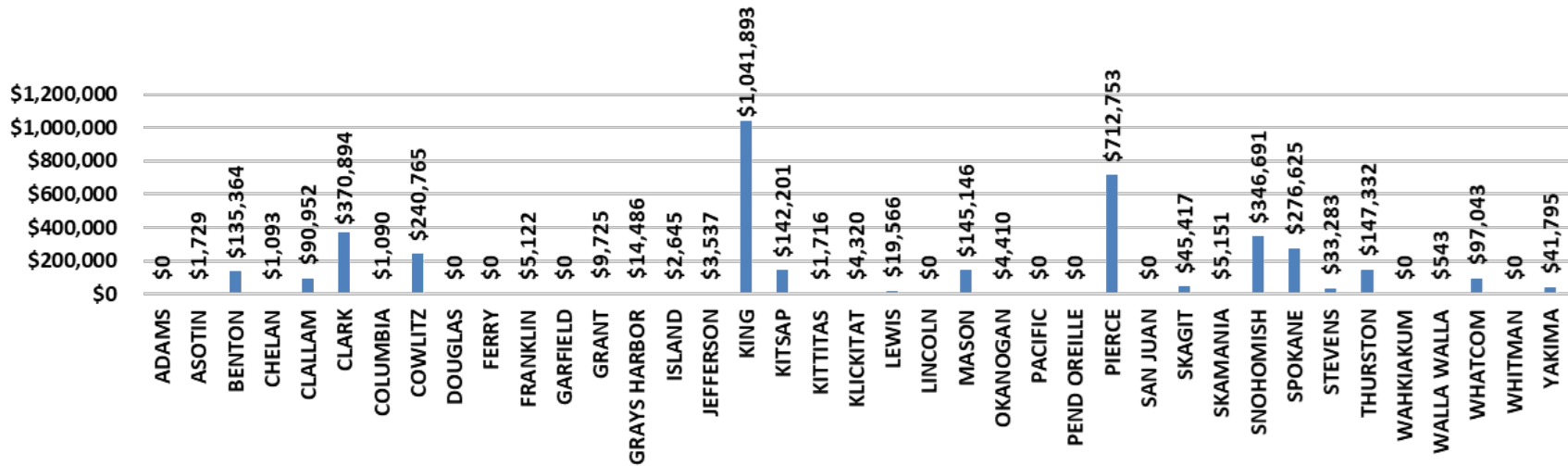
**Chart 16: Claims paid by specialty/subspecialty to non-participating providers for CCW-Foster Care, top five counties**



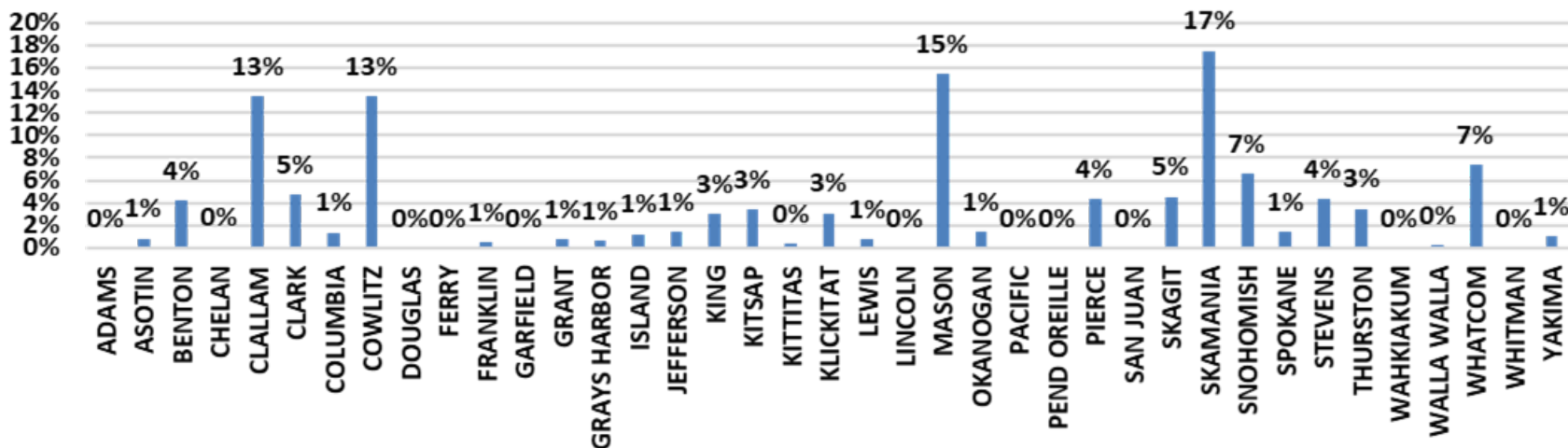
# Overall non-participating provider payment analysis for IFC

Charts 17, 18, and 19 reflect the non-participating provider use, by county, for all MCOs by dollars spent, utilization percentage, and provider specialty for the IFC contract.

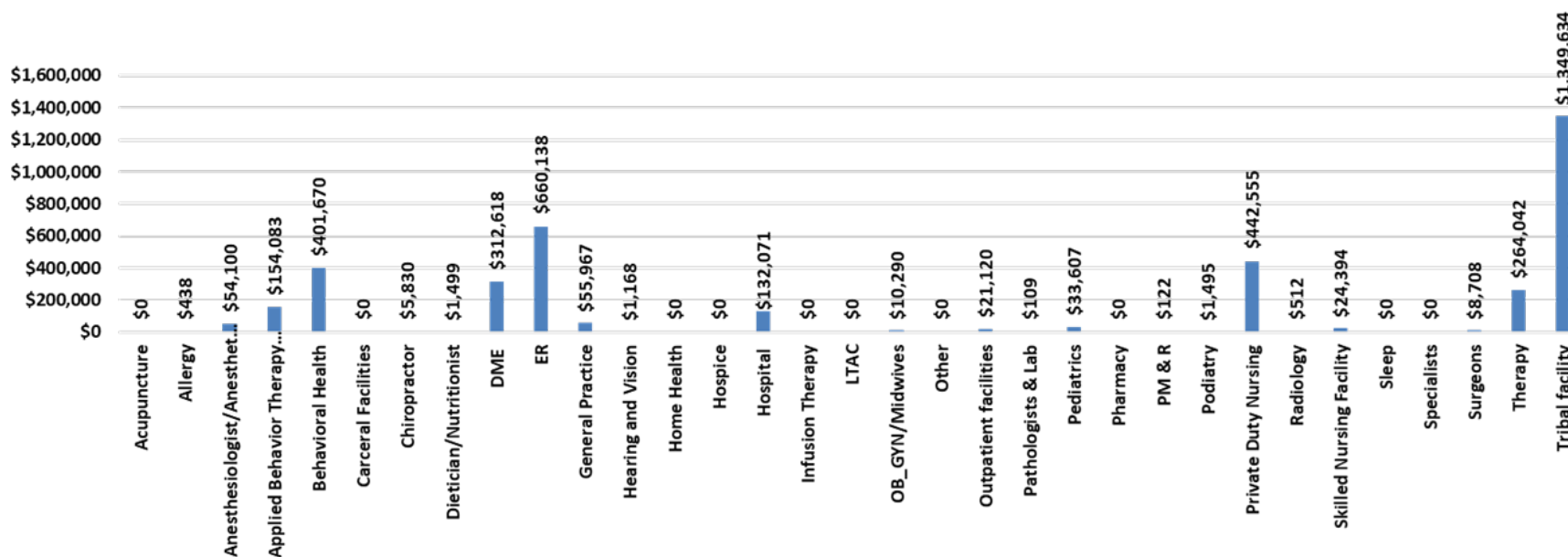
**Chart 17: Total non-participating paid, per county**



**Chart 18: Percentage of total non-participating provider paid amounts per county**



**Chart 19: Non-participating provider paid amounts, by specialty**



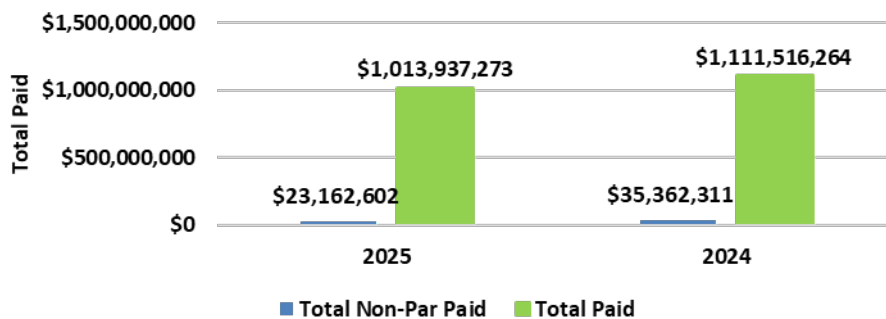
# Year-to-year comparison for non-participating provider payment analysis by plan

The following charts show a year-to-year comparison by plan of IMC contract for total paid and payments to non-participating providers in 2024 and 2025.

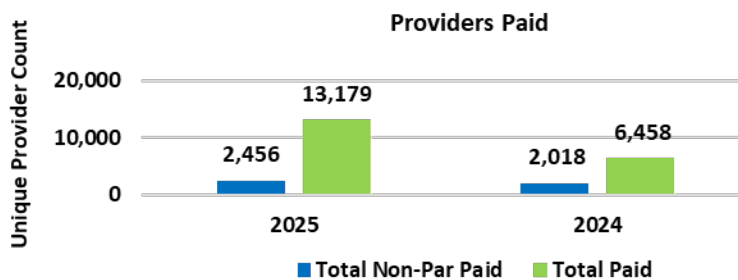
## Community Health Plan of Washington (CHPW)

- Total payments in FY 2025 decreased by nine percent and the payments to non-participating providers increased by 34 percent compared to FY 2024.
- Total providers paid in FY 2025 increased by 104 percent and the number of non-participating providers paid increased by 22 percent compared to FY 2024.
- Total clients receiving services in FY 2025 increased by 188 percent and the number of clients receiving services from a non-participating provider decreased by 15 percent compared to FY 2024.

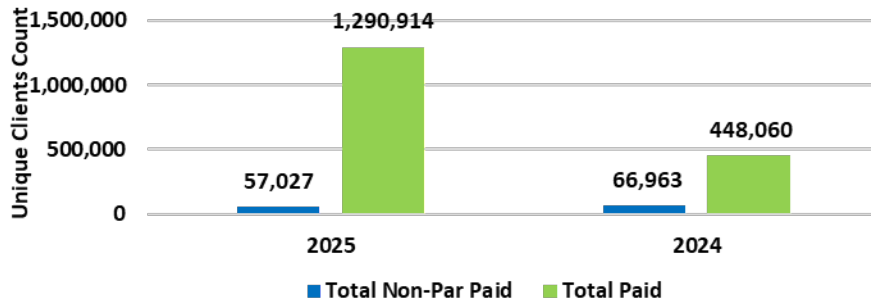
**Chart 20: CHPW – Total payments compared to non-participating provider payments**



**Chart 21: CHPW – Total providers paid compared to non-participating providers paid**



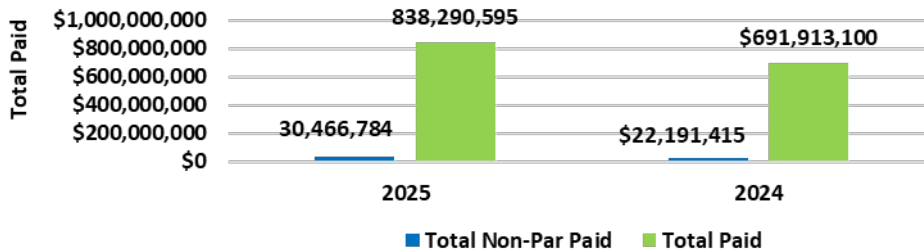
**Chart 22: CHPW – Total clients receiving services compared to clients receiving services from a non-participating provider**



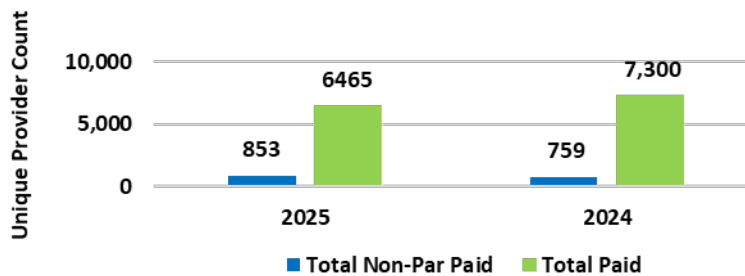
**Coordinate Care of Washington - IMC (CCW)**

- Total payments in FY 2025 increased by 21 percent and the payments to non-participating providers increased by 37 percent compared to FY 2024.
- Total providers paid in FY 2025 decreased by 11 percent and the number of non-participating providers paid increased by 12 percent compared to FY 2024.
- Total clients receiving services in FY 2025 increased by 14 percent and the number of clients receiving services from a non-participating provider increased by 16 percent compared to FY 2024.

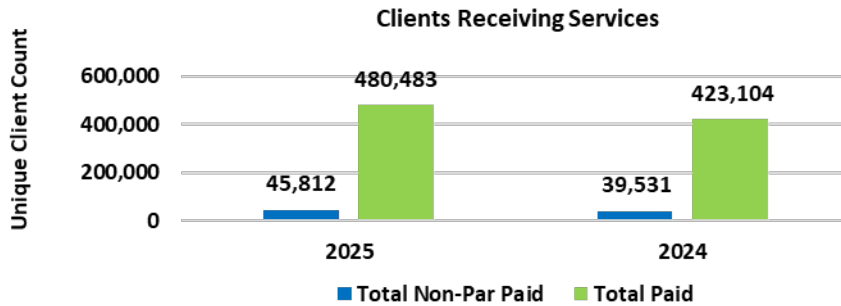
**Chart 23: CCW – Total payments compared to non-participating provider payments**



**Chart 24: CCW – Total providers paid compared to non-participating providers paid**



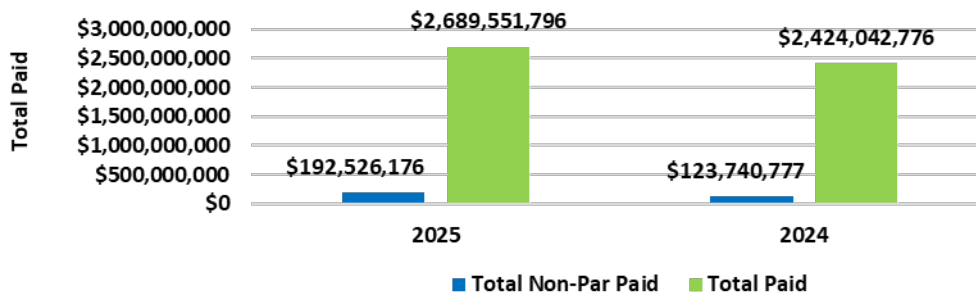
**Chart 25: CCW – Total clients receiving services compared to clients receiving services from a non-participating provider**



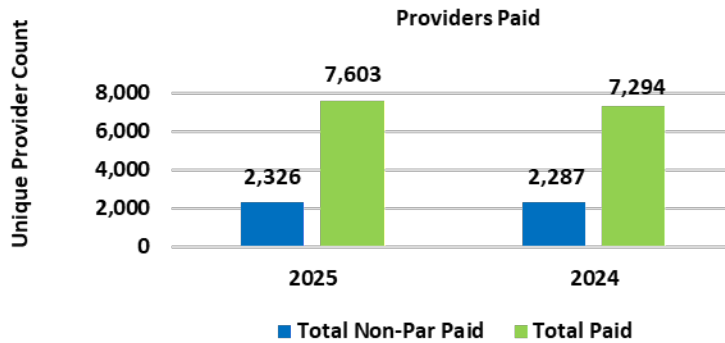
**Molina Healthcare of Washington (MHW)**

- Total payments in FY 2025 increased by 11 percent and the payments to non-participating providers increased by 56 percent compared to FY 2024.
- Total providers paid in FY 2025 increased by four percent and the number of non-participating providers paid increased by two percent compared to FY 2024.
- Total clients receiving services in FY 2025 decreased by less than one percent and the number of clients receiving services from a non-participating provider increased by one percent compared to FY 2024.

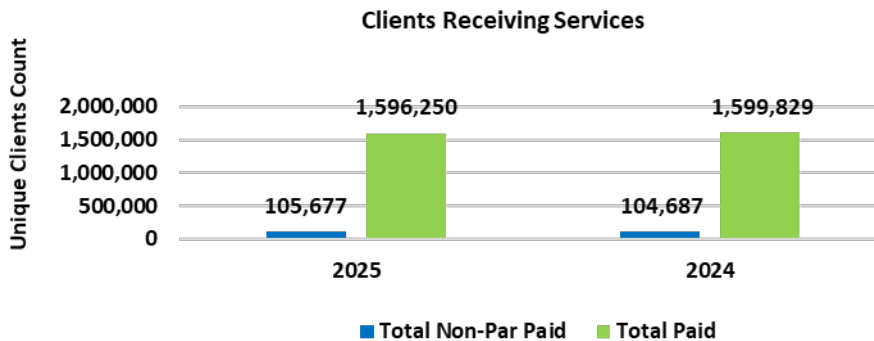
**Chart 26: MHW – Total payments compared to non-participating provider payments**



**Chart 27: MHW – Total providers paid compared to non-participating providers paid**



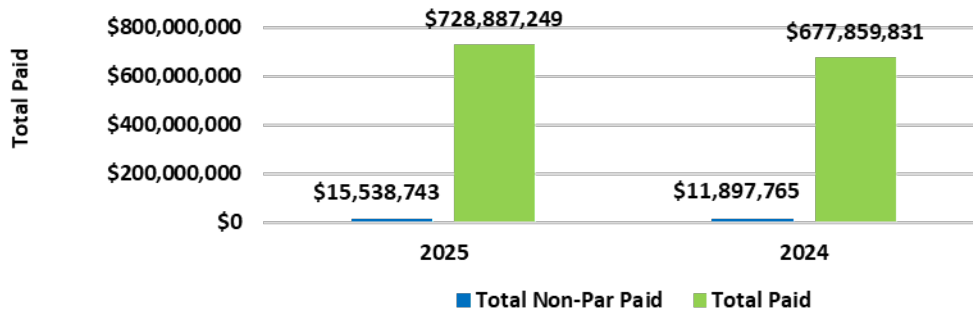
**Chart 28: MHW – Total clients receiving services compared to clients receiving services from a non-participating provider**



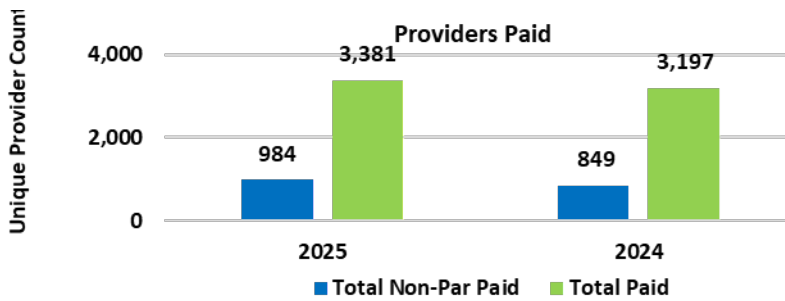
## UnitedHealthcare Community Plan (UHC)

- Total payments in FY 2025 increased by eight percent and the payments to non-participating providers decreased by 31 percent compared to FY 2024.
- Total providers paid in FY 2025 increased by six percent and the number of non-participating providers paid increased by 16 percent compared to FY 2024.
- Total clients receiving services in FY 2025 decreased by four percent and the number of clients receiving services from a non-participating provider decreased by one percent compared to FY 2024.

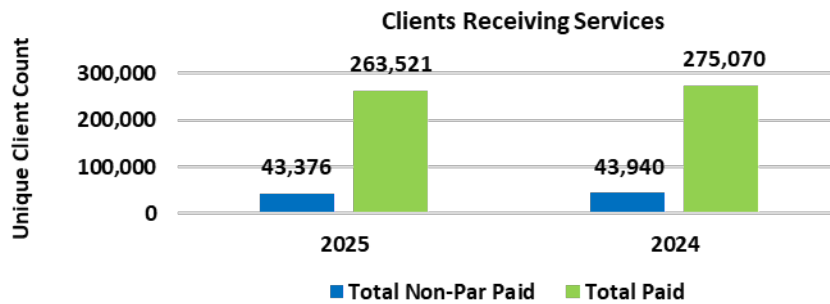
**Chart 29: UHC – Total payments compared to non-participating provider payments**



**Chart 30: UHC – Total providers paid compared to non-participating providers paid**



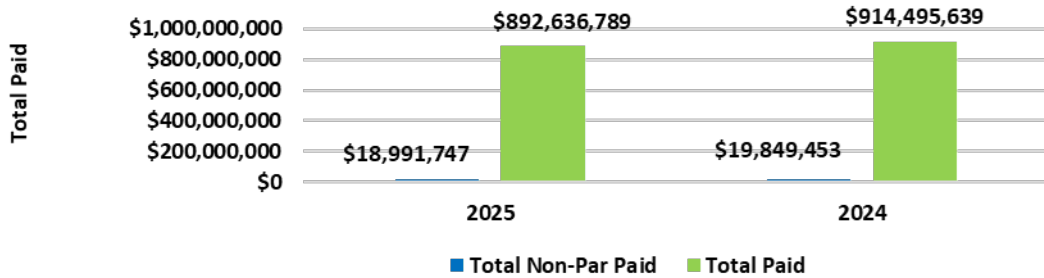
**Chart 31: UHC – Total clients receiving services compared to clients receiving services from a non-participating provider**



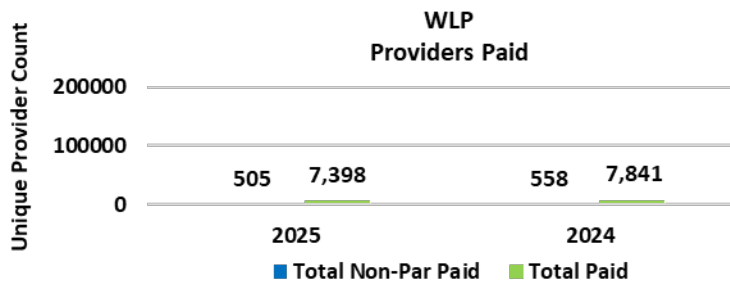
## Wellpoint (WLP)

- Total payments in FY 2025 decreased by two percent and the percentage of payments to non-participating providers decreased by four percent compared to FY 2024.
- Total providers paid in FY 2025 decreased by six percent and the number of non-participating providers paid decreased by nine percent compared to FY 2024.
- Total clients receiving services in FY 2025 decreased by 13 percent and the number of non-participating providers paid decreased by nine percent compared to FY 2024.

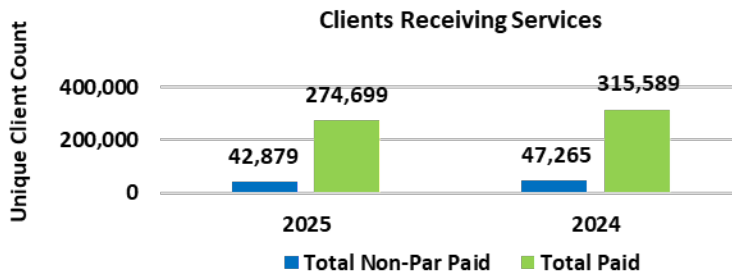
**Chart 32: WLP– Total payments compared to non-participating provider payments**



**Chart 33: WLP– Total providers paid compared to non-participating providers paid**



**Chart 34: WLP – Total clients receiving services compared to clients receiving services from a non-participating provider**

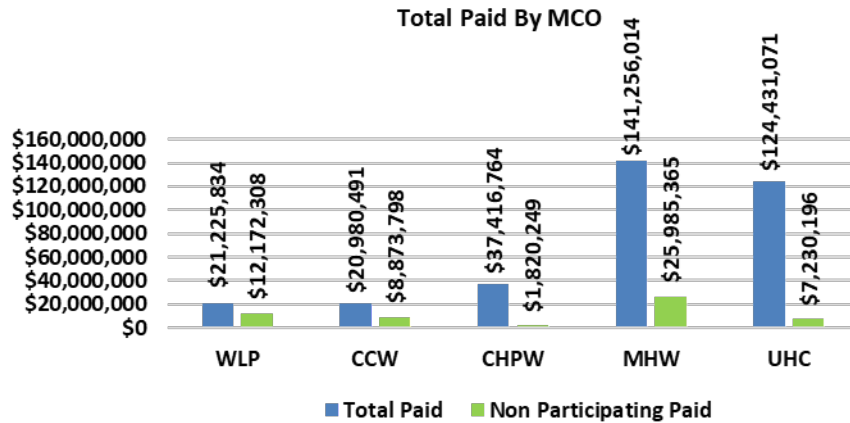


# Data on payments to out-of-state/border-city non-participating providers

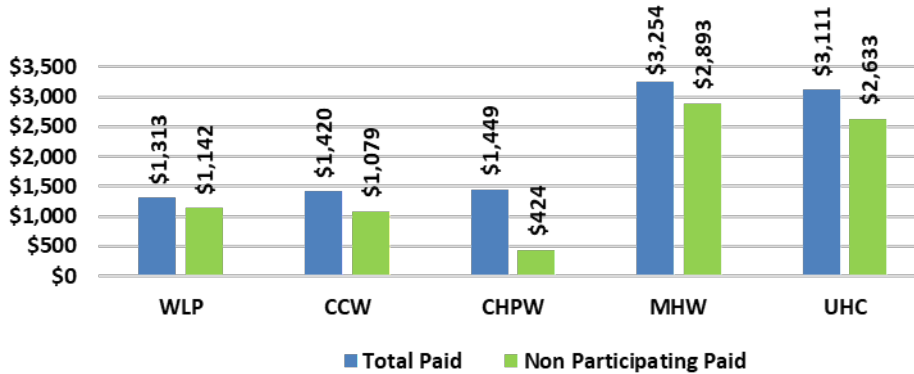
The following charts show information regarding services rendered out of state or in a border city for the IMC and IFC contracts and by specialty.

## Integrated Managed Care

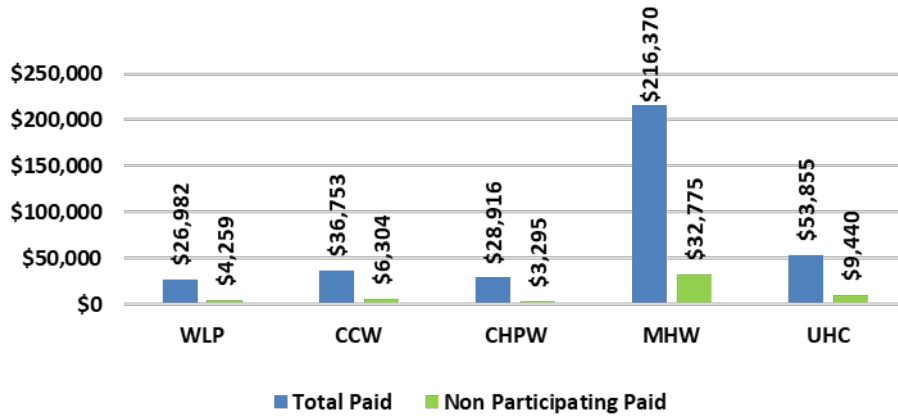
**Chart 35: IMC – Total payments by MCO**



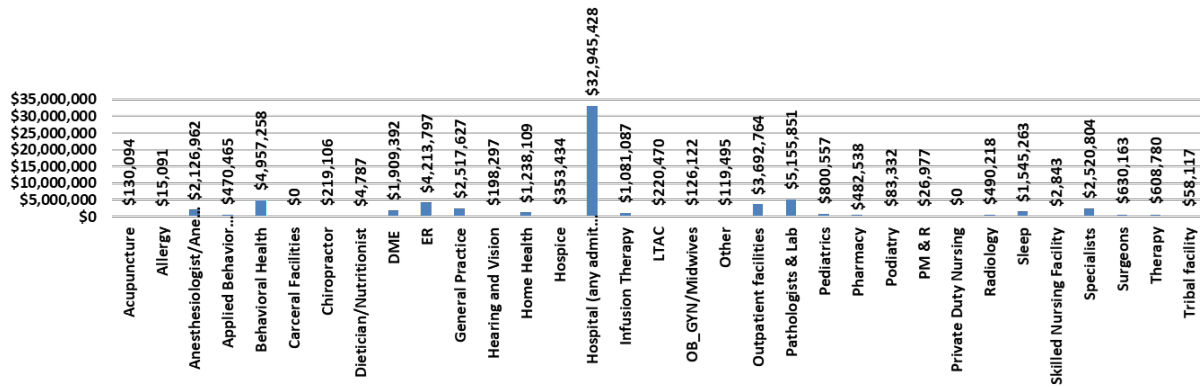
**Chart 36: IMC – Total unique providers paid by MCO**



**Chart 37: IMC – Total unique clients receiving services by MCO**

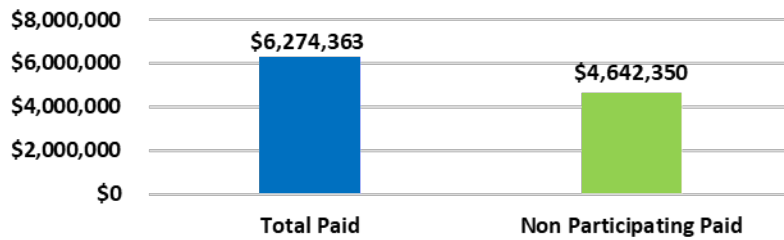


**Chart 38: IMC – Out-of-state, non-participating provider paid amounts, by specialty – all plans**

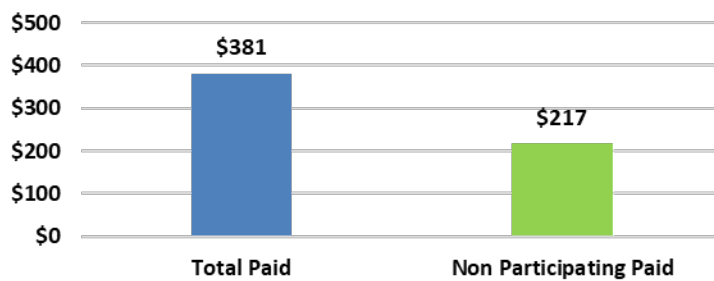


# Integrated Foster Care

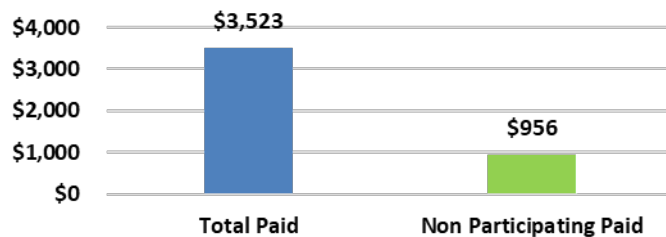
## Chart 39: IFC – Total payments by MCO



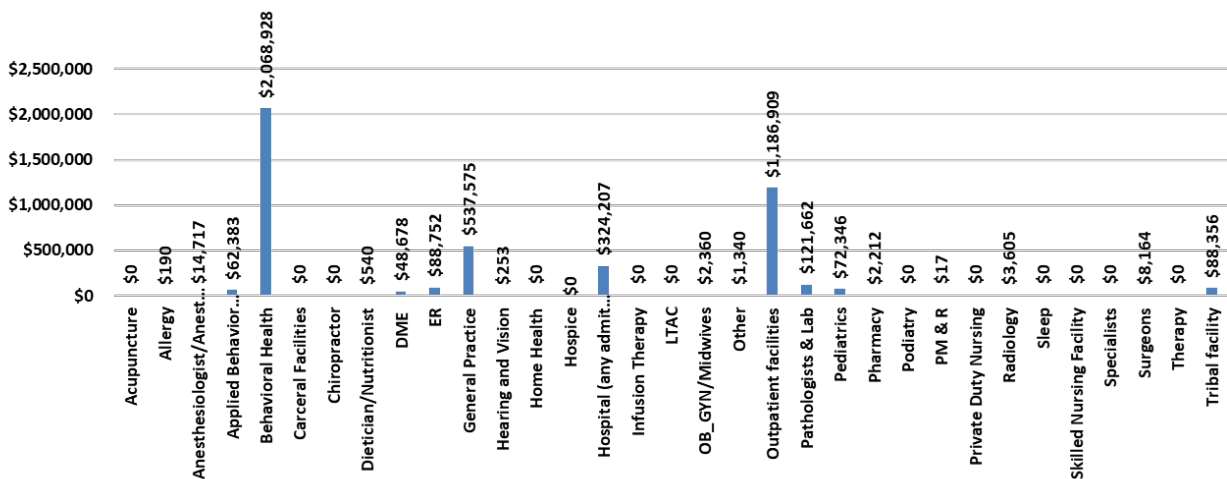
## Chart 40: IFC – Total unique providers paid by MCO



## Chart 41: IFC – Total unique clients receiving services by MCO



## Chart 42: IFC – Out-of-state, non-participating provider paid amounts, by specialty



## Conclusion

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Ensuring Apple Health clients have access to an extensive network of providers is crucial to quality health care outcomes. This analysis shows:

- The number of payments to non-participating providers increased by \$68 million compared to the previous reporting period.
- The most dollars paid to non-participating providers are still in the larger counties (King, Pierce, Snohomish, Skagit, and Spokane).

Total spent this period across both Apple Health IMC and IFC contracts for non-participating providers was \$285 million and five percent of all expenditures, **which is a one percent increase over previous years.**

- **IMC:** For the IMC contract the total spent this period for non-participating providers was \$281 million.
- **IFC:** The total spent on the IFC contract was \$5 million.

Overall, 18 percent of all claims paid were to non-participating providers for eight percent of all MCO-enrolled clients receiving health care services. This represents a one percent decrease from last year in non-participating providers paid and a two percent decrease in the percentage of clients receiving services from a non-participating provider. Last year, three percent of all claims were paid to non-participating providers.

## Why it's important to measure non-participating payments

There is no national standard or published best practice by which to benchmark these results. Non-participating providers do not have a contractual fee schedule. Instead, plans reimburse non-participating providers at the lowest contracted rate of a comparable participating provider. Regardless, the goal should always be to keep the rate as low as possible to encourage the providers to contract with more plans, which creates a more robust provider network that can meet their enrollees' health care needs.

When a provider does not contract with the plan and there is no participating relationship, care may be adversely impacted and the benefits of receiving care in managed care can be compromised. For example, the provider may deliver services outside of the plan's treatment guidelines, choose not to engage with a case manager, choose not to participate in any care improvement initiatives sponsored by the plan, or support value-based purchasing initiatives.

## Lessons learned and next steps

The agency performed further review of Behavioral Health non-participating provider expenditures of the MCOs and found the following information:

- The Behavioral Health specialty encompasses a wide range of provider types to include but not limited to: Counselors both mental health (MH) and substance use disorder (SUD), Psychologists, Social workers, Marriage and Family therapists, Peer Specialists, Family and Internal Medicine practitioners, SUD clinics, and Rehab and Psych facilities.
- One MCO attributed almost 50 percent of their non-participating providers to being in contract negotiations.

- One MCO attributed their non-participating providers being in rural areas with very limited providers.
- One MCO attributed their non-participating providers to the fact clients can self-refer to either a participating or non-participating provider without authorization to not limit access.
- One MCO attributed non-participating providers to those primary care providers (PCP) that provide services in a contracted facility; however, the PCP is not contracted.

Based on this input, the agency will investigate further sub-categorization by service type or place of service for next year's reporting period to improve transparency and will continue to work with the MCOs on additional opportunities to contract with this health care provider type.

HCA will continue monitoring the trends in all non-participating provider expenditures. HCA intends to continue to work with the managed care plans to develop and implement strategies to reduce the number of payments made to non-participating providers. This work could include:

- Reporting of additional data elements.
- Working sessions with MCOs to review data, verify validity, and look for options to improve.
- Additional MCO staff training on how to report the data.
- Additional analysis and review with those MCOs with high percentages of providers being paid as non-participating providers.
- Continuing a more aggressive approach to contracting to ensure there is an adequate provider network, thus reducing non-participating provider utilization.