

(Effective January 1, 2027)

WAC 182-40-0400 Primary care and behavioral health reimbursement requirements. (1) Reimbursement for in-network primary care and in-network nonfacility-based behavioral health services may not be less than 150 percent of the total amount medicare would have reimbursed for the same or similar service, inclusive of contractor payments and any member cost-sharing.

(2) If the authority determines a contractor's payments, inclusive of contractor payments and any member cost-sharing, are less than the minimum reimbursement established in subsection (1) of this section, the authority will send the contractor a written notice of non-compliance according to WAC 182-40-1400.

(3) The authority determines compliance under this section separately for contractor payments made under the public employees' benefits board program and school employees' benefits board program established under chapter 41.05 RCW.

(4) The authority will publish a list of service codes, provider licensure types, and sites of service to which the reimbursement provisions in this section are applicable no later than January 31st of the year preceding the plan year for which the reimbursement requirements are applicable.

(5) For the purposes of this section, reimbursement for primary care and behavioral health services does not include charges for facility-based services.

[Statutory Authority: RCW 41.05.021, 41.05.160, and 41.05.028. WSR 25-24-066, s 182-40-0400, filed 12/1/25, effective 1/1/27.]