

Proportion of non-participating providers serving Apple Health enrollees

Annual report: July 1, 2023–June 30, 2024

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

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) enrollees. Non-participating providers do not have written contracts to participate in an Apple Health managed care system’s (or managed care organization’s [MCO]) provider network. However, these providers deliver health care services to Apple Health enrollees whose care is provided by an MCO.

All Apple Health MCOs are responsible for contracting with enough providers in all areas of health care delivery to meet the needs of their enrollees. However, some care is purchased from non-participating providers. The state 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 when the service or type of provider is not available within the contract network or when the service or type of provider is available in the contractor’s network, but an appointment with a participating provider cannot be scheduled to provide the service within an appropriate time frame.

The data in this report relates to services provided from July 1, 2023, through June 30, 2024, and purchased from non-participating providers as reported by each MCO. For this report, we rely on the federally required encounter data reporting the plans are required to provide per the MCO contract. As of January 1, 2020, all of Washington State is fully integrated with two contracts: Integrated Managed Care (IMC) and Integrated Foster Care (IFC).

- Total spent this period across both Apple Health IMC and IFC contracts for non-participating providers was \$217 million. This is a \$28 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 \$213 million and the total spent on the IFC contract was \$4 million.

Overall, 19 percent of all claims paid were to non-participating providers, for 10 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 five percent decrease in the percentage of clients receiving services from a non-participating provider. Last year, 20 percent of all claims were paid to non-participating providers and 15 percent of all clients from a non-participating provider.
- The most dollars paid to non-participating providers are still 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

Since July 2012, HCA has contracted with 5 MCOs:

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

This report shows the cost and utilization of services provided between July 1, 2023, through June 30, 2024, to Apple Health enrollees by non-participating providers. The data is reported by county, by MCO, and by contract. To meet the reporting requirements, HCA directed each contracted MCO to provide the following data for the fiscal year (FY):

- The total paid amount, 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 clients claims MCO paid to non-participating providers.
- Data regarding types of providers paid in the following categories:
 - Advanced registered nurse practitioner (ARNP)
 - Allergy
 - Applied behavior analysis (ABA)
 - Chiropractor
 - Dietician/nutritionist
 - Durable medical equipment
 - Emergency room (ER) (including facilities and hospitals, freestanding and urgent care, walk-ins)
 - General practice (including medical doctor (MD))
 - Hearing and vision
 - Home health
 - Hospice
 - Hospital
 - Infusion therapy
 - Long-term acute care (LTAC)

- Obstetrics and gynecology
- 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
 - Sports medicine
- Surgeon
- Therapy
- Tribal facility

We have provided year-to-year comparisons (FY2023 – FY2024) for the IMC and IFC contracts per plan with reports 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 our analysis.

Integrated Managed Care contract

During this reporting period, all 39 counties are fully integrated (10 regions). The MCO's data reflects the following:

- **Wellpoint of Washington (WLP)** paid \$20 million to non-participating providers in the fiscal year 2024, a decrease of \$26 million from previous fiscal years. Seven percent of the claims paid were to non-participating providers for services provided to 15 percent of clients enrolled with WLP. HCA provided dedicated technical assistance resulting in improvement of data submission.
- **Community Health Plan of Washington (CHPW)** paid approximately \$35 million in fiscal year 2024 to non-participating providers, an increase of \$7 million from previous fiscal year. Thirty-two percent of the claims paid were to non-participating providers for services provided to 15 percent of the clients enrolled with CHPW.
- **Coordinated Care of Washington (CCW)** paid approximately \$22 million in fiscal year 2024 to non-participating providers, an increase of \$6 million from the previous fiscal year. Ten percent of the claims paid were to non-participating providers for services provided to nine percent of the CCW-enrolled clients.
- **Molina Healthcare of Washington (MHW)** paid approximately \$124 million in fiscal year 2024 to non-participating providers, an increase of \$39 million from the previous fiscal year. Thirty-one percent of the claims paid were to non-participating providers for services provided to seven percent of clients enrolled with MHW.
- **UnitedHealthcare Community Plan (UHC)** paid approximately \$12 million in fiscal year 2024 to non-participating providers, a decrease of \$1 million from previous fiscal year. Twenty-seven percent of the claims paid were to non-participating providers for services provided to 16 percent of the clients enrolled with UHC.

Integrated Foster Care contract

- On January 1, 2019, IFC contract with CCW became fully integrated statewide.
- CCW paid approximately \$4 million in fiscal year 2024 to non-participating providers; this is a \$1 million increase from the previous fiscal year. Seven percent of the claims paid were to non-participating providers for services provided to nine percent of the clients. The most utilized non-participating provider specialty/subspecialty was "tribal facility."

Overall

The amount paid to non-participating providers increased by \$27 million, the number of non-participating providers paid increased by 158, and the number of clients seeking services from a non-participating provider has decreased by 72,000.

The highest paid non-participating provider specialties/subspecialties was "behavioral health".

IFC fiscal year 2024 findings

Coordinate Care of Washington (CCW)

The Apple Health Foster Care program was implemented April 1, 2016, and CCW was the single statewide MCO. Beginning January 1, 2019, HCA implemented the IFC contract statewide and CCW remains the single statewide MCO for this program.

In 2024, CCW paid a total of \$99,051,076 for services to 4,744 providers for 54,695 foster care clients (see chart 1 for top five county-paid claims). Also in 2024, CCW paid approximately \$4 million (four percent of the total) to 330 providers (seven percent of the total) for 5,005 clients (nine percent of the total) who received health care services from a non-participating provider.

There was a \$7 million 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:

- **Cowlitz County:** \$359,000 increase
- **Snohomish County:** \$261,000 increase
- **Pierce County:** \$221,000 increase
- **King County:** \$166,000 increase
- **Yakima County:** \$152,000 increase

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

- **Spokane County:** \$416,000 decrease
- **Benton County:** \$92,000 decrease
- **Kittitas County:** \$51,000 decrease
- **Jefferson County:** \$25,000 decrease
- **Asotin County:** \$11,000 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 2 for top five non-participating provider types visited). Note that tribes by federal law are not required to contract with managed care organizations.

CCW also paid \$8,161,844 to 179 non-participating providers for 1,174 clients who received services out of state or in a border city.

Chart 1: Non-participating provider payments for CCW foster care, top five counties

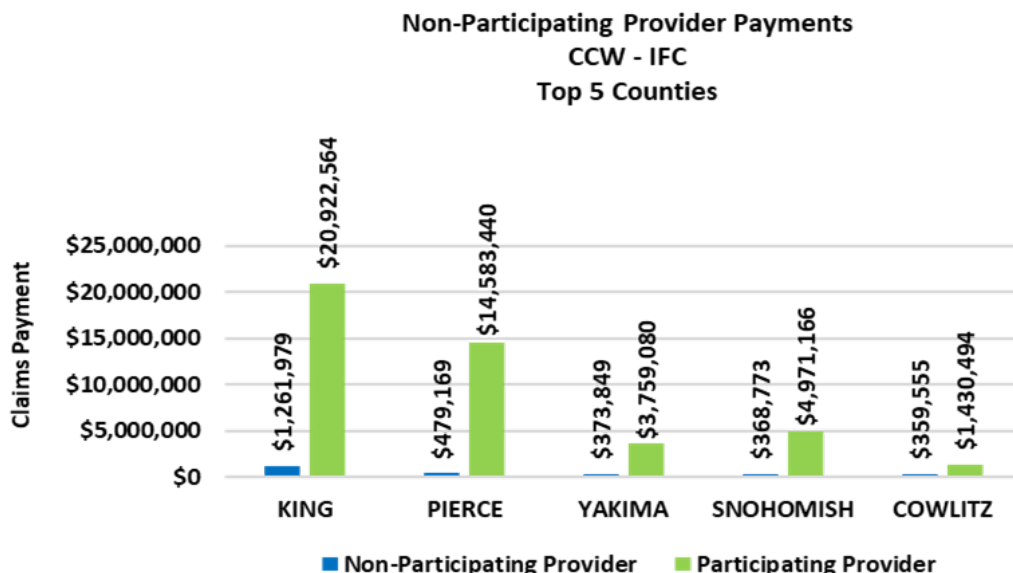
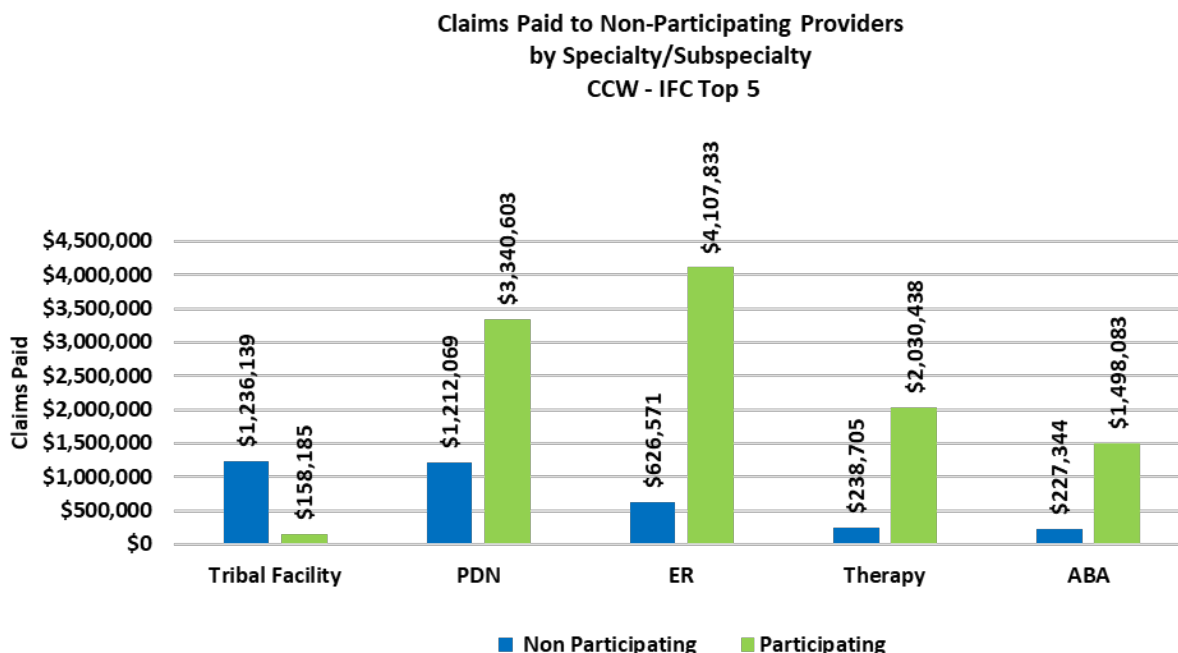


Chart 2: Claims paid by specialty/subspecialty to non-participating providers for CCW-foster care, top five counties



IMC fiscal year 2024 findings

Beginning April 1, 2016, HCA implemented IMC for all physical and behavioral health services through managed care. As of January 1, 2020, HCA completed implementation of IMC across the state.

Wellpoint (WLP)

In 2024, WLP paid a total of \$914,495,639 for services to 558 providers for 315,589 IMC clients (see chart 3 for top five county-paid claims). Also in 2024, WLP paid approximately \$20 million (two percent of the total) to 558 providers (seven percent of the total) for 47,265 clients (15 percent of the total) who received health care services from a non-participating provider.

HCA provided direct technical assistance to WLP which produced an increased understanding of the data needs and much-improved reporting.

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 "hospital," which was one percent of the total paid to this provider type (see chart 4 for top five non-participating provider types visited).

WLP also paid \$13,269,160 to 1,374 non-participating providers for 7,001 clients who received services out of state or in a border city.

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

- **Whitman County:** \$47,000 increase
- **Skamania County:** \$66 increase

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

- **King County:** \$15 million decrease
- **Grays Harbor County:** \$3 million decrease
- **Pierce County:** \$2 million decrease
- **Spokane County:** \$1 million decrease
- **Snohomish County:** \$956,000 decrease

Chart 3: top five counties for non-participating provider paid amount for WLP IMC, top five counties

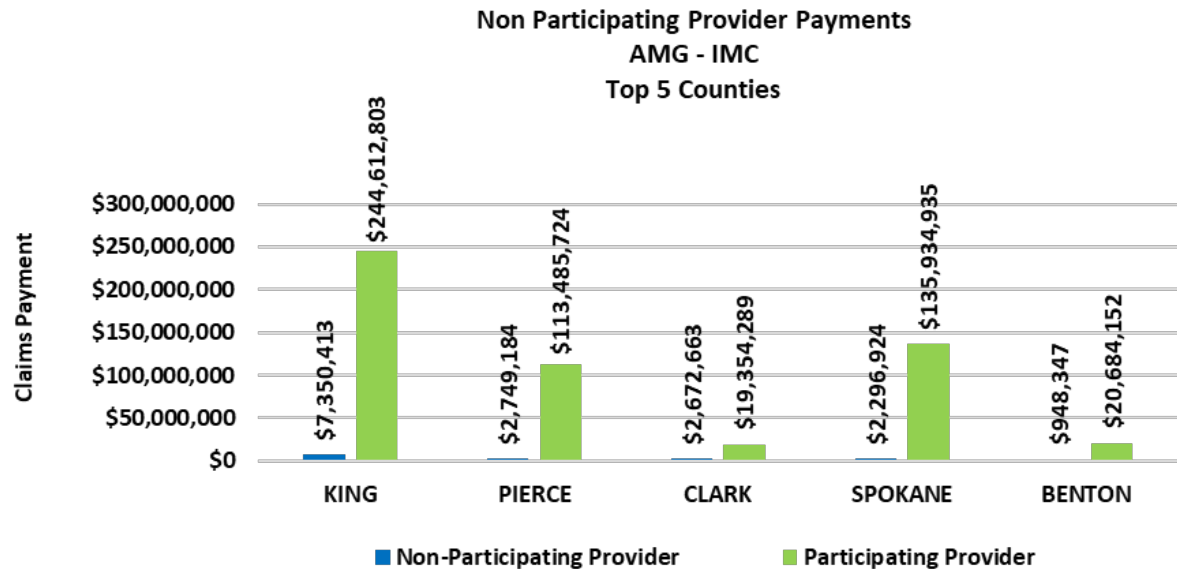
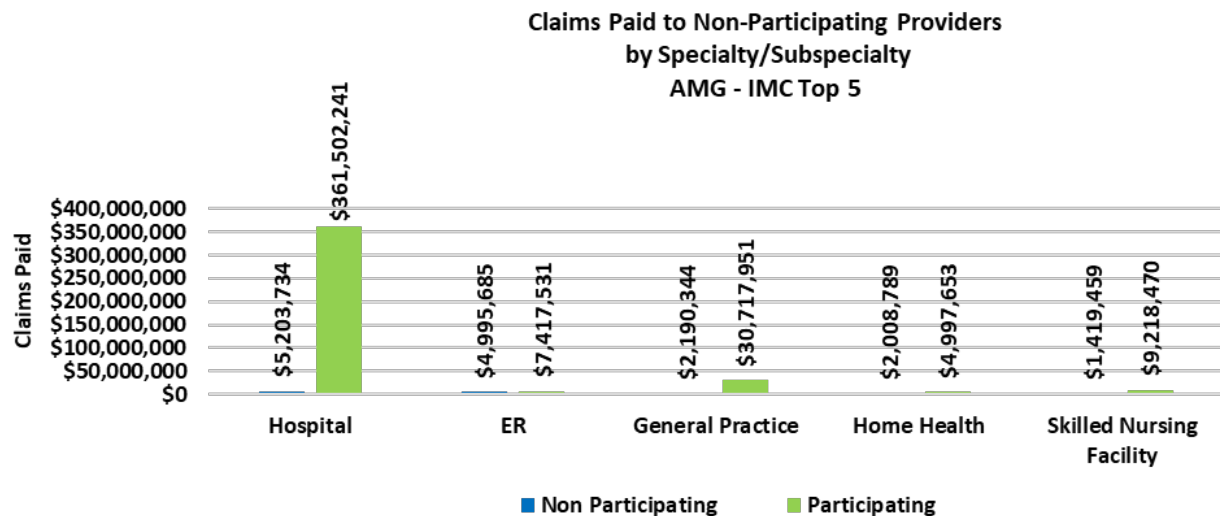


Chart 4: paid amounts by specialty/subspecialty to non-participating providers for WLP IMC, top five counties



Community Health Plan of Washington (CHPW)

In 2024, CHPW paid a total of \$1,111,516,264 for services to 6,458 providers for 448,060 IMC clients. See chart 5 for top five county paid claims. Also in 2024, CHPW paid approximately \$35 million (three percent of the total) to 2,048 providers (32 percent of the total) for 66,963 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.

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

CHPW also paid approximately \$1.5 million to 185 non-participating providers for 1,914 clients who received services out of state or in a border city.

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

- **Skagit County:** \$6 million increase
- **Snohomish County:** \$1 million increase
- **Grays Harbor County:** \$470,000 increase
- **Pierce County:** \$470,000 increase
- **Okanogan County:** \$163,000 increase

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

- **King County:** \$1 million decrease
- **Clark County:** \$404,000 decrease
- **Chelan County:** \$93,000 decrease
- **Clallam County:** \$78,000 decrease
- **Asotin County:** \$72,000 decrease

Chart 5: non-participating paid amounts for CHPW IMC, top five counties

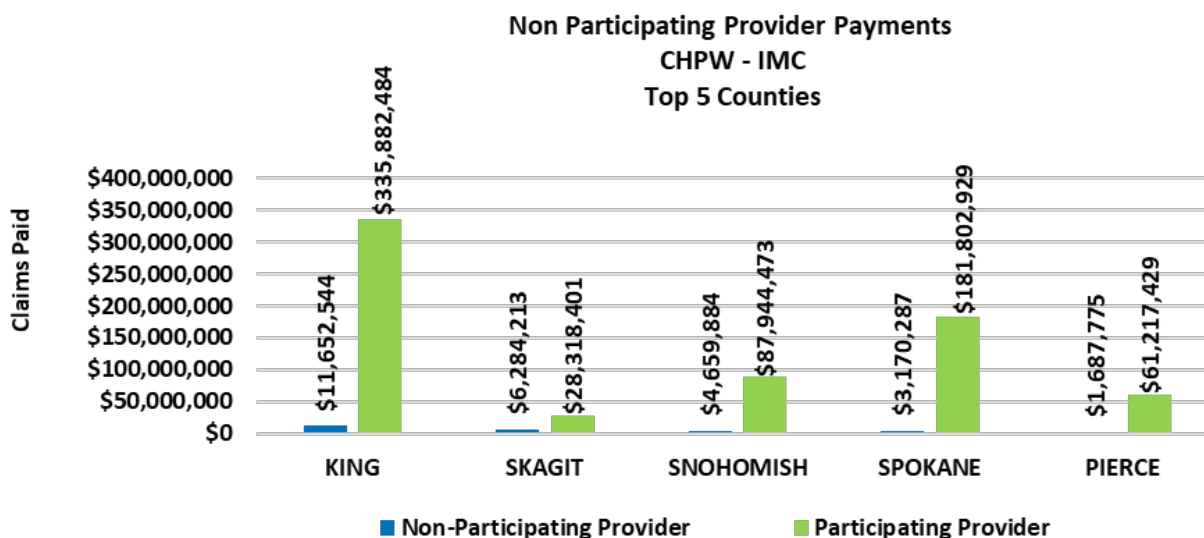
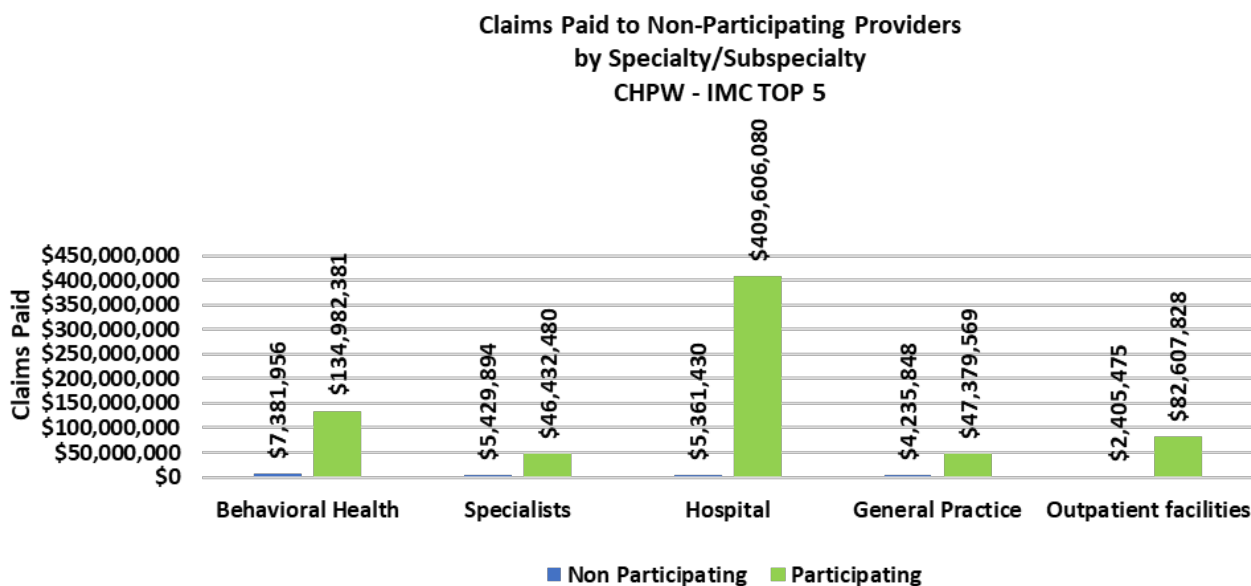


Chart 6: paid amounts by specialty/subspecialty to non-participating providers for CHPW IMC, top five counties



Coordinated Care of Washington (CCW)

In 2024, CCW paid a total of \$691,913,100 for services to 7,300 providers for 423,104 IMC clients. See chart 7 for top five county paid claims. Also in 2024, CCW paid approximately \$22 million (three percent of the total) to 759 providers (10 percent of the total) for 39,531 clients (nine 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 one percent of the total paid to this provider type (see chart 8 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 \$10,673,737 to 919 non-participating providers for 6,255 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:** \$7 million increase
- **King County:** \$905,000 increase
- **Grays Harbor:** County: \$595,000 increase
- **Pierce County:** \$576,000 increase
- **Cowlitz County:** \$373,000 increase

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

- **Kittitas County:** \$1 million decrease
- **Benton County:** \$380,000 decrease
- **Spokane County:** \$290,000 decrease
- **Chelan County:** \$88,000 decrease
- **Douglas County:** \$44,000 decrease

Chart 7: non-participating paid amounts for CCW IMC, top five counties

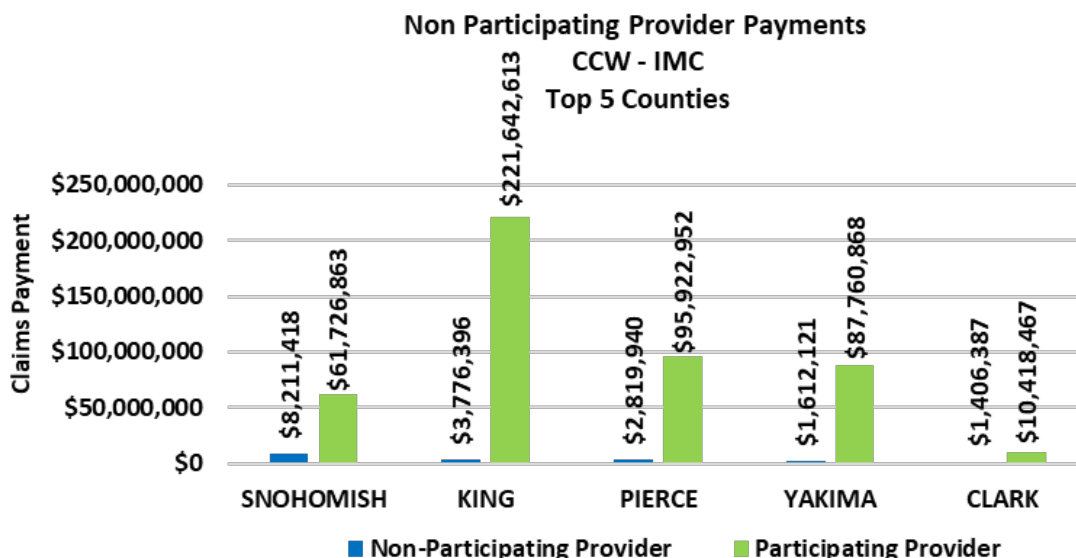
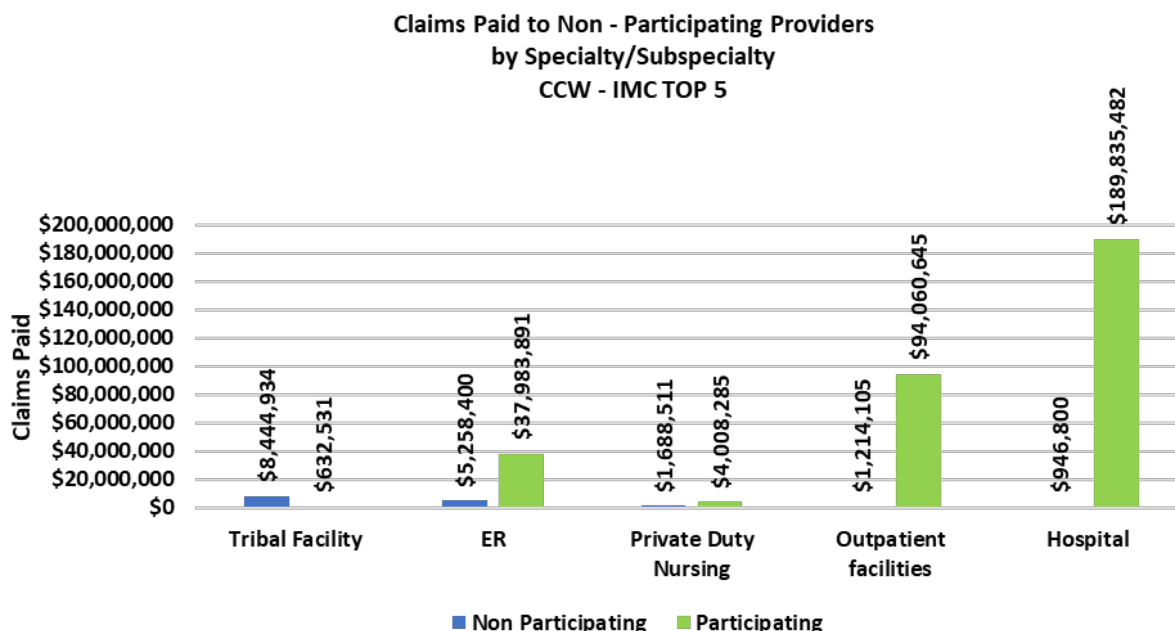


Chart 8: paid amounts by specialty/subspecialty to non-participating providers for CCW IMC, top five counties



Molina Healthcare of Washington (MHW)

In 2024, MHW paid a total of \$2,424,042,776 for services to 7,294 providers for 1,599,829 IMC clients. See chart 9 for top five county paid claims. Also in 2024, MHW paid approximately \$124 million (five percent of the total) was paid to 2,287 providers (31 percent of the total) for 104,687 clients (seven 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 10 for top five non-participating provider type visited).

MHW also paid approximately \$36 million to 3,272 non-participating providers for 32,018 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:** \$17 million increase
- **King County:** \$11 million increase
- **Grays Harbor County:** \$4 million increase
- **Spokane County:** \$3 million increase
- **Whatcom County:** \$2 million increase

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

- **Clark County:** \$300,000 decrease

- **Cowlitz County:** \$295,000 decrease
- **Pend Oreille County:** \$188,000 decrease
- **Yakima County:** \$185,000 decrease
- **Grant County:** \$136,000 decrease

Chart 9: non-participating paid amounts for MHW IMC, top five counties

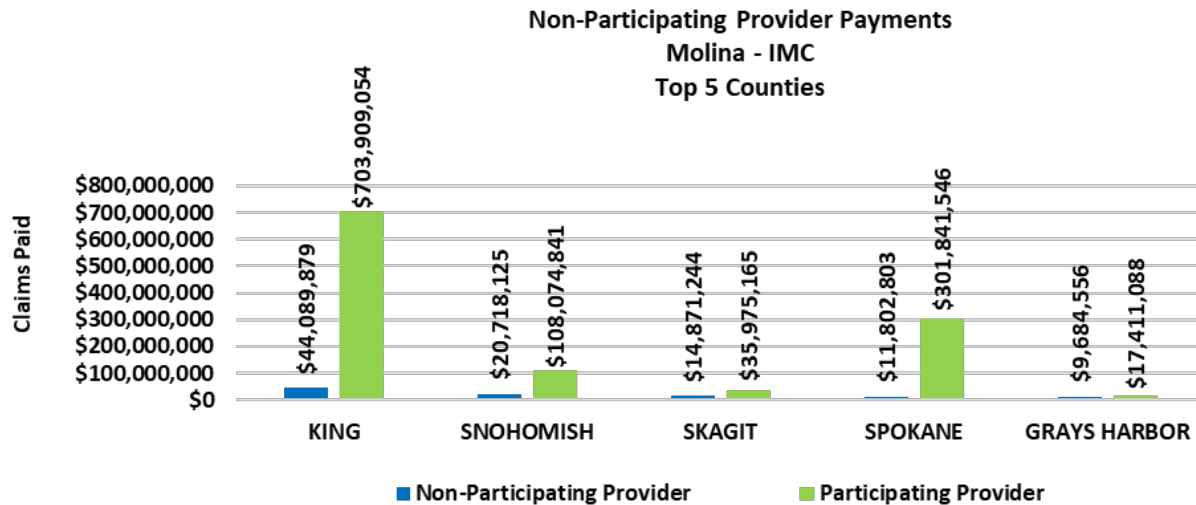
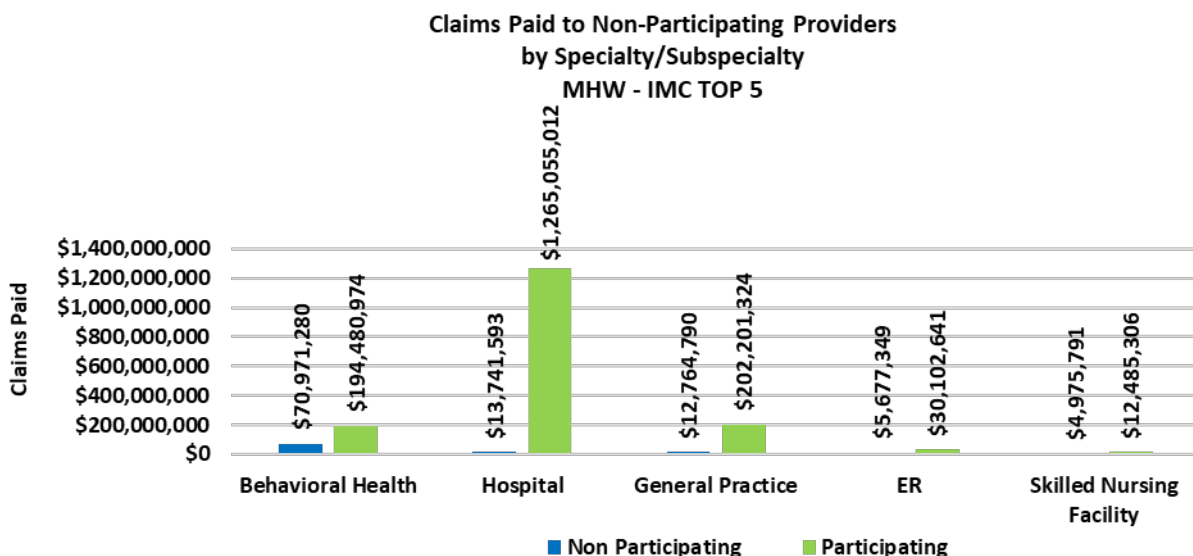


Chart 10: paid amounts by specialty/subspecialty to non-participating providers for MHW IMC, top five counties



UnitedHealthcare Community Plan (UHC)

In 2024, UHC paid a total of \$677,859,831 for services to 3,197 providers for 275,070 IMC clients. See chart 11 for top five county paid claims. Also in 2024, UHC paid approximately \$12 million (two percent of the total) to 849 providers (27 percent of the total) for 43,940 clients (16 percent of the total) who received health care services from a non-participating provider.

Proportion of non-participating providers serving Apple Health enrollees annual report
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Two counties had 50 percent or more non-participating clients paid in this reporting period. Benton County had 3,846 paid claims to non-participating clients for 87 percent of total paid and Lincoln County had 11 paid claims to non-participating clients for 64 percent of total paid.

The top non-participating provider type visited was “emergency room,” which was one percent of the total paid to this provider type (see chart 13 for top five non-participating provider type visited).

UHC also paid approximately \$6 million to 2,864 providers for 11,115 clients who received services out of state or in a border city.

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

- **Thurston County:** \$106,902 increase
- **Snohomish County:** \$92,713 increase
- **Pierce County:** \$71,512 increase
- **Mason County:** \$62,029 increase
- **Whatcom County:** \$53,402 increase

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

- **Grays Harbor County:** \$905,141 decrease
- **King County:** \$200,699 decrease
- **Clark County:** \$189,699 decrease
- **Ferry County:** \$106,375 decrease
- **Skagit County:** \$76,284 decrease

Chart 11: non-participating paid amounts for UHC IMC, top five counties

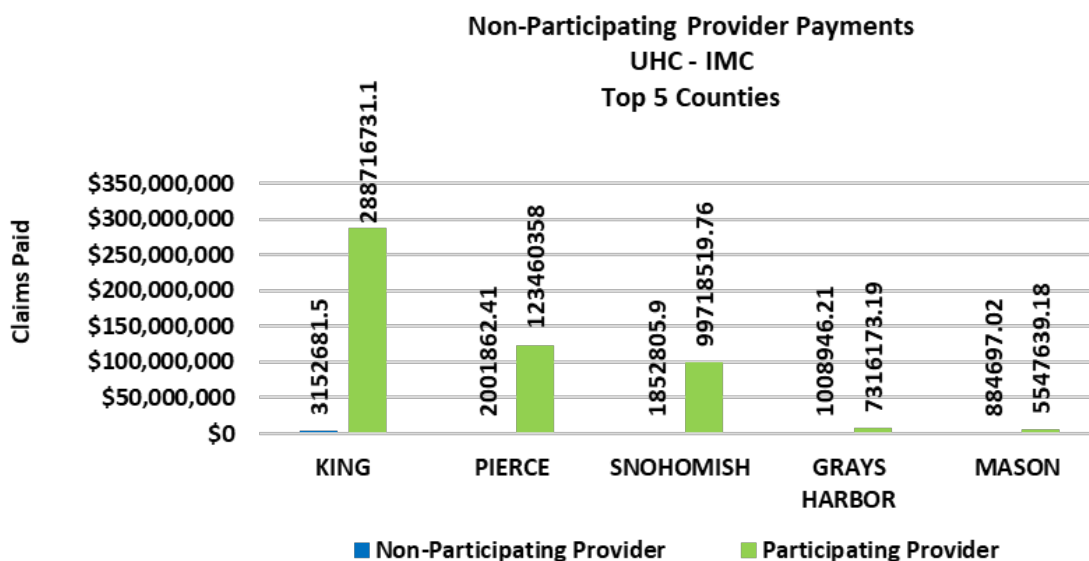


Chart 12: Counties with 50 percent or more clients paid to non-participating clients for UHC FIMC

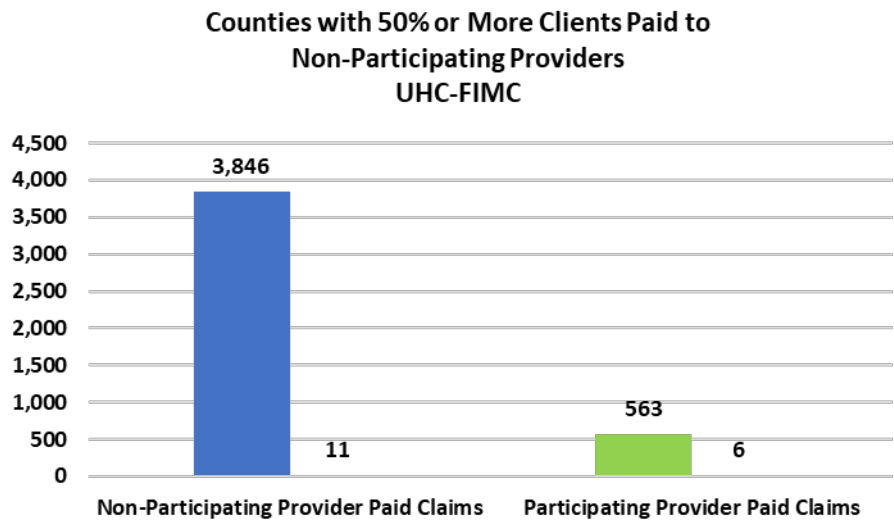
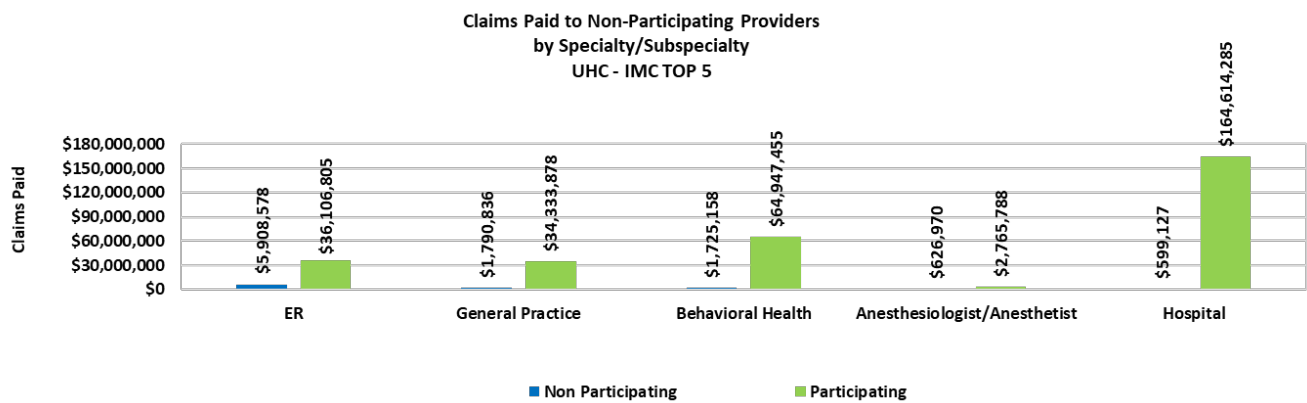


Chart 13: paid amounts by specialty/subspecialty to non-participating providers for UHC IMC, top five counties



Overall non-participating provider payment analysis for Integrated Foster Care

Charts 14, 15, and 16 reflect the non-participating provider use, by county, for all MCOs by dollars spent, utilization percentage, and provider specialty for the IFC contract.

Chart 14: total non-participating paid, per county

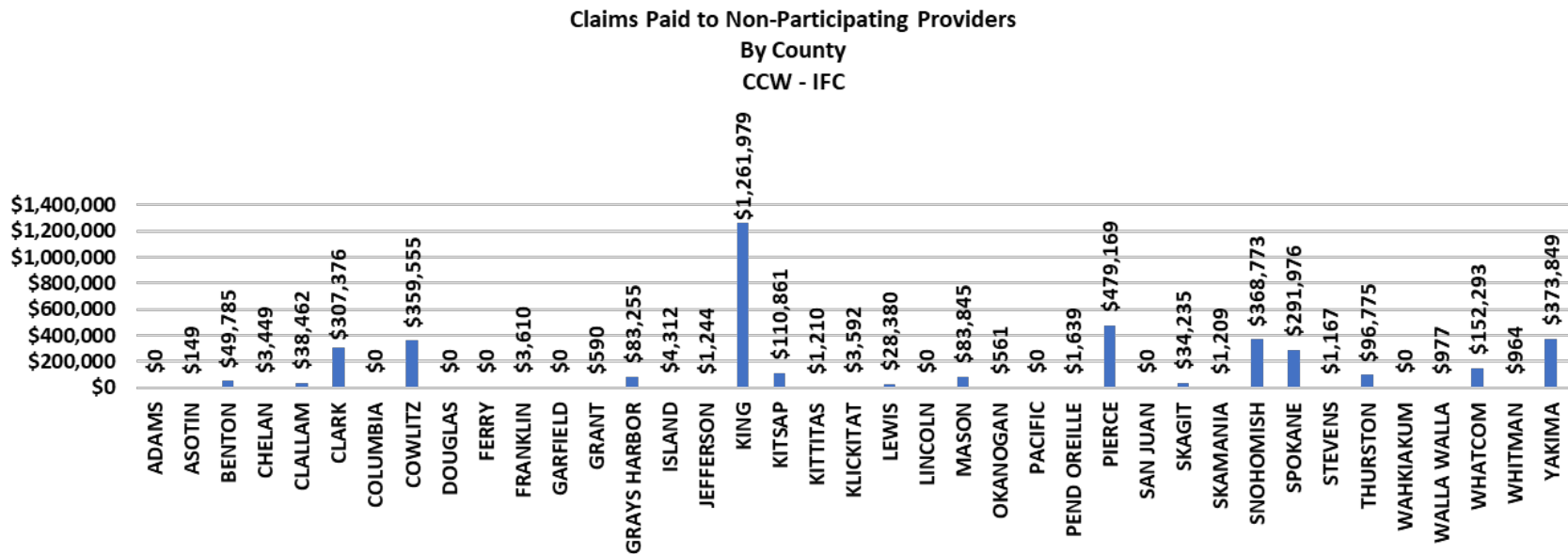


Chart 15: percentage of total non-participating provider paid amounts, per county

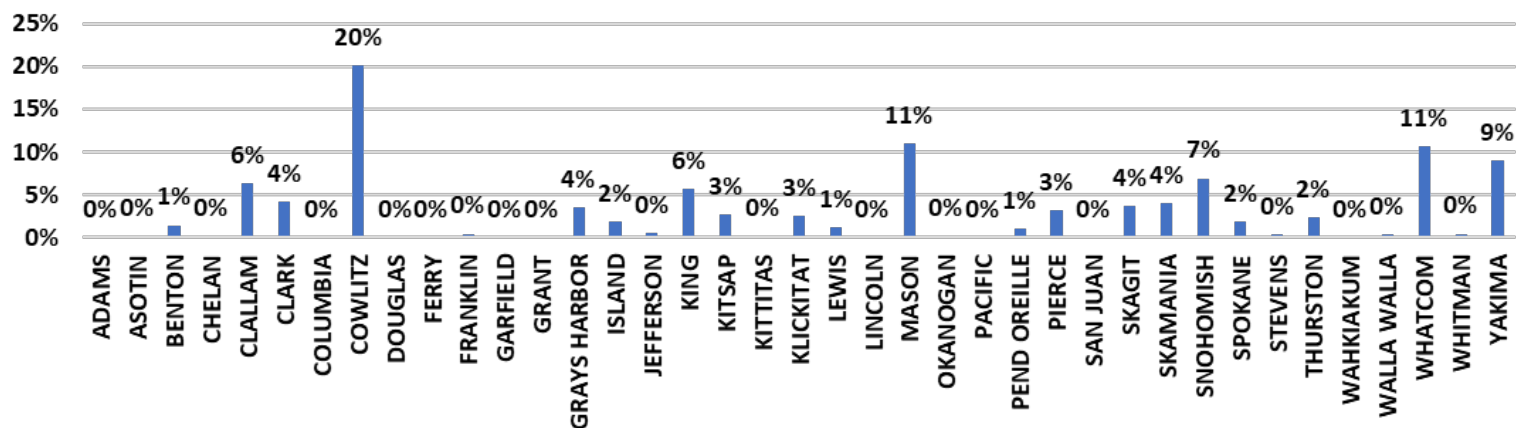
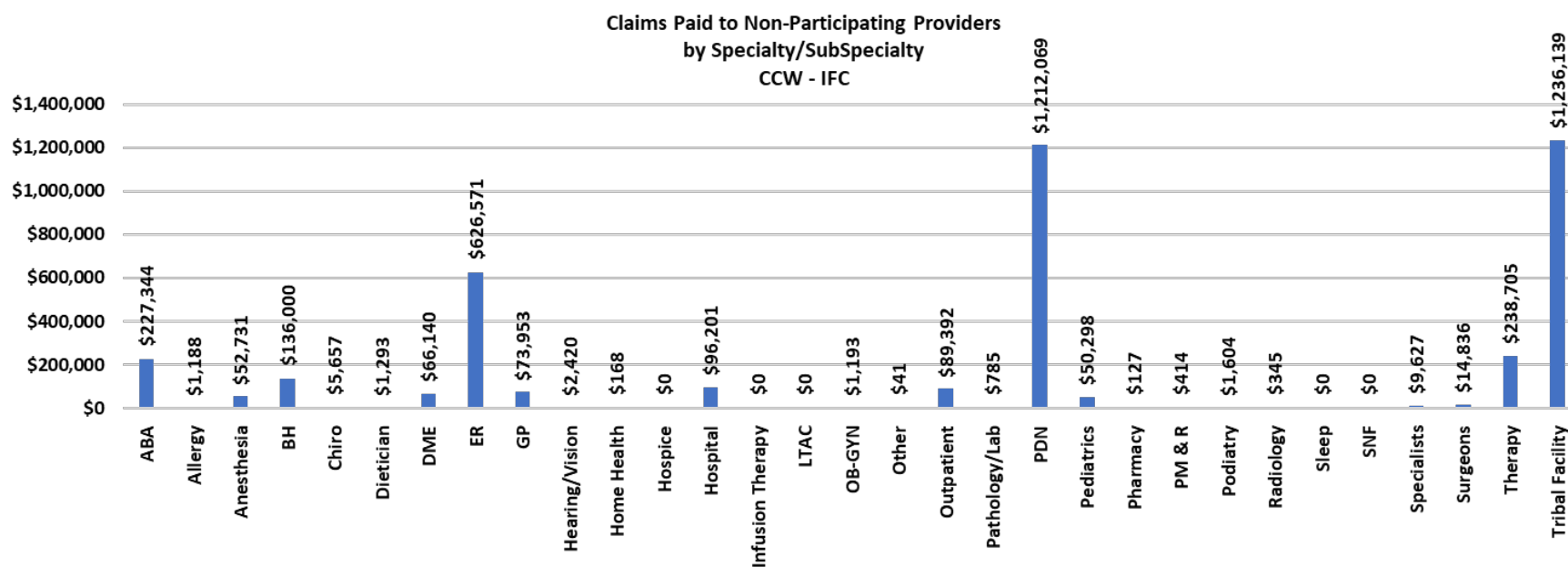


Chart 16: non-participating provider paid amounts, by specialty



Overall non-participating provider payment analysis for Integrated Managed Care

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 IMC contract.

Chart 17: total non-participating paid amounts, all plans-per county

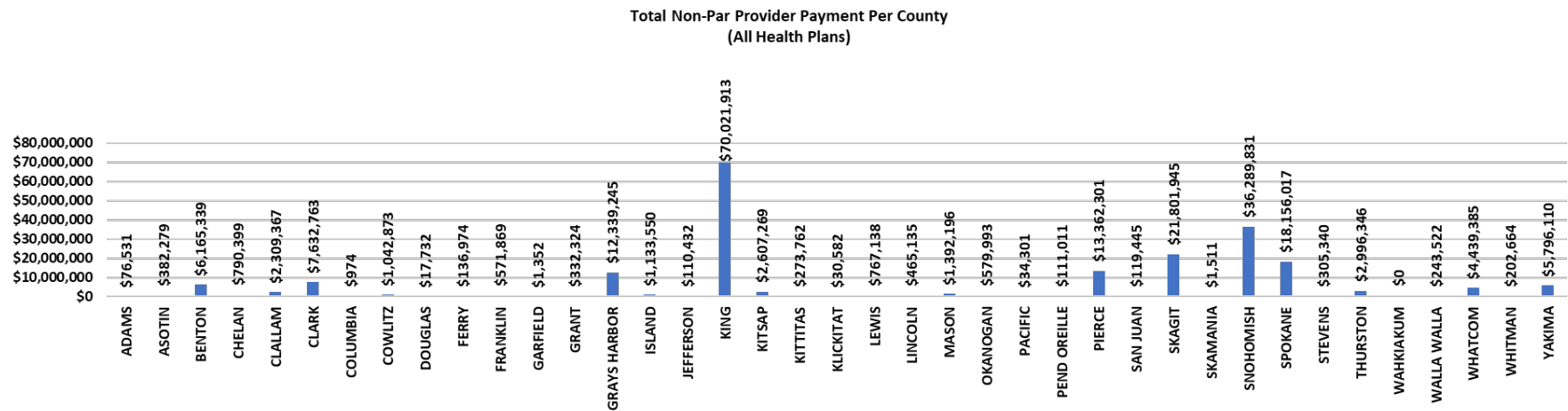


Chart 18: percentage of total non-participating provider paid amounts, per county, all plans

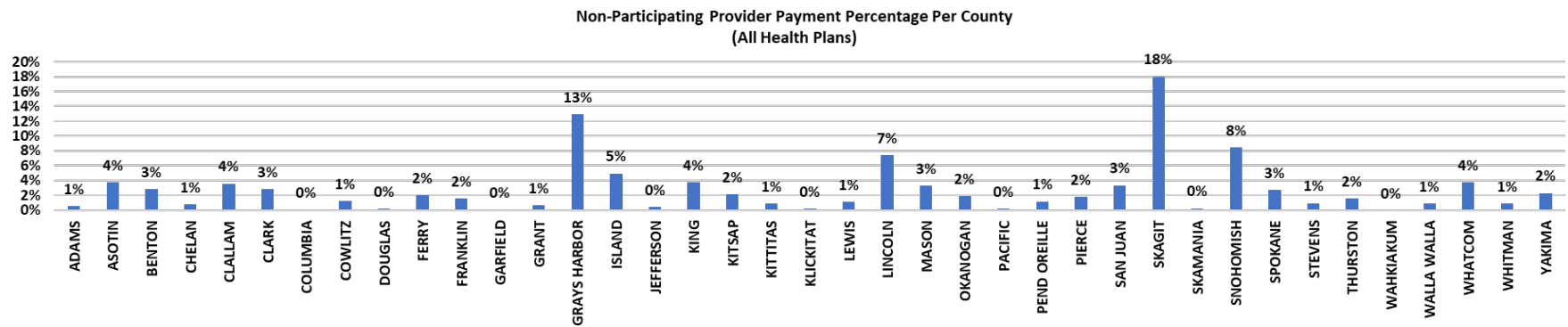
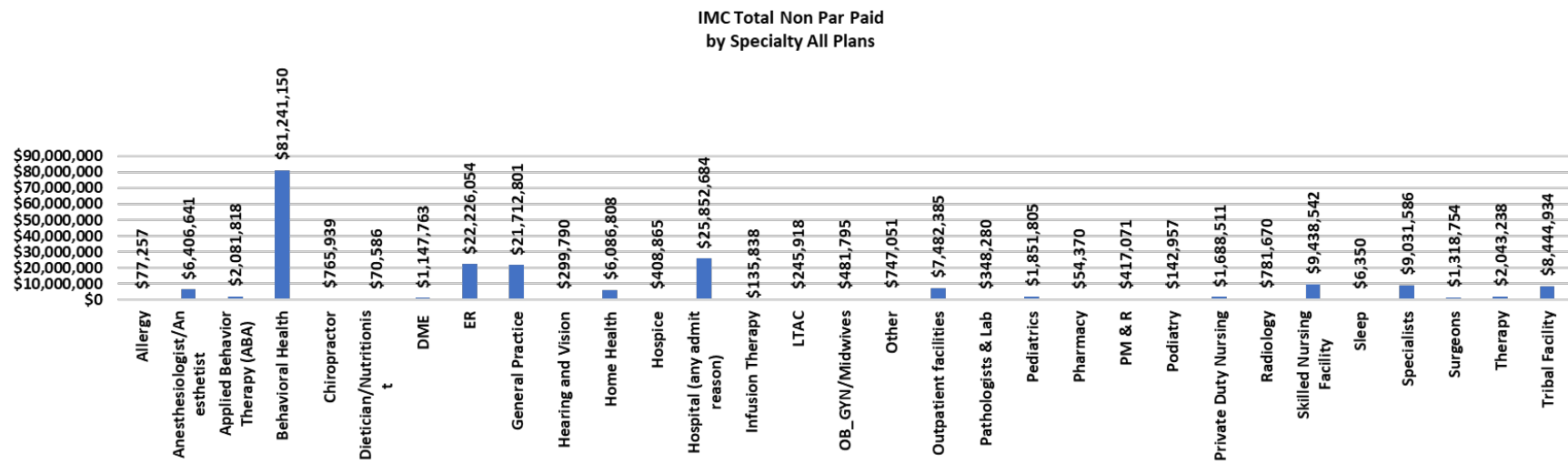


Chart 19: non-participating provider paid amounts, by specialty-all plans



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 2023 and 2024.

Wellpoint (WLP)

- Total payments in FY 2024 decreased by five percent and the percentage of payments to non-participating providers decreased by 57 percent compared to FY 2023.
- Total providers paid in FY 2024 decreased by two percent and the number of non-participating providers paid decreased by 58 percent compared to FY 2023.
- Total clients receiving services in FY 2024 decreased by 13 percent and the number of non-participating providers paid decreased by 41 percent compared to FY 2023.

Chart 20: WLP– total payments compared to non-participating provider payments

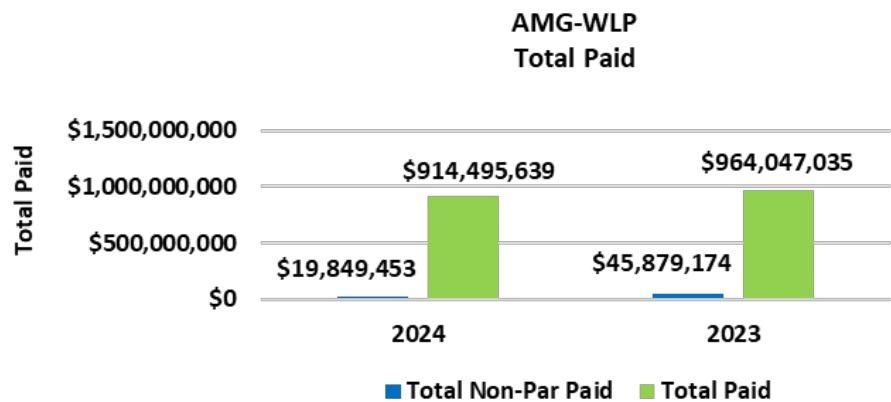


Chart 21: WLP– total providers paid compared to non-participating providers paid

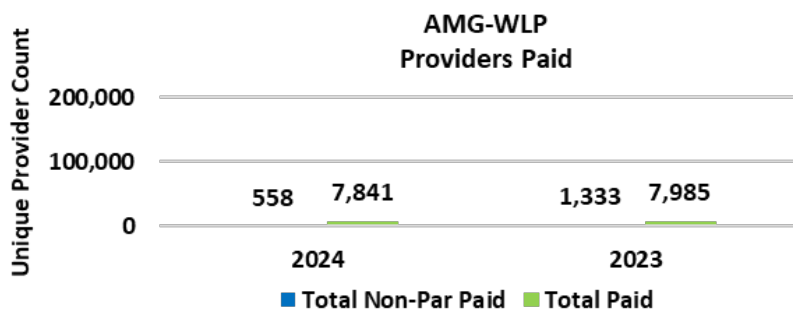
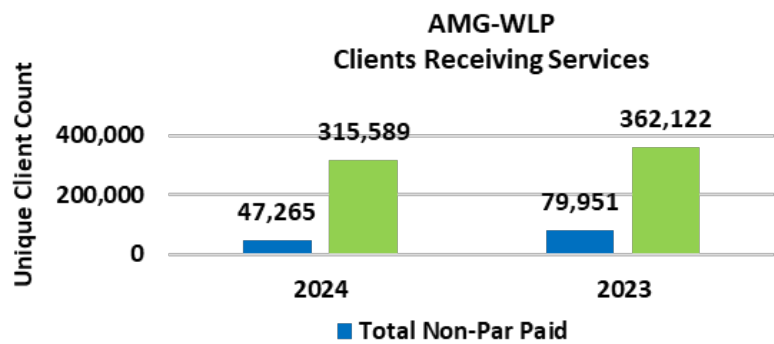


Chart 22: WLP – total clients receiving services compared to clients receiving services from a non-participating provider



Community Health Plan of Washington (CHPW)

- Total payments in FY 2024 increased by 86 percent and the payments to non-participating providers increased by 26 percent compared to FY 2023.
- Total providers paid in FY 2024 increased by 59 percent and the number of non-participating providers paid increased by 107 percent compared to FY 2023.
- Total clients receiving services in FY 2024 increased by 48 percent and the number of clients receiving services from a non-participating provider decreased by 13 percent compared to FY 2023.

Chart 23: CHPW – total payments compared to non-participating provider payments

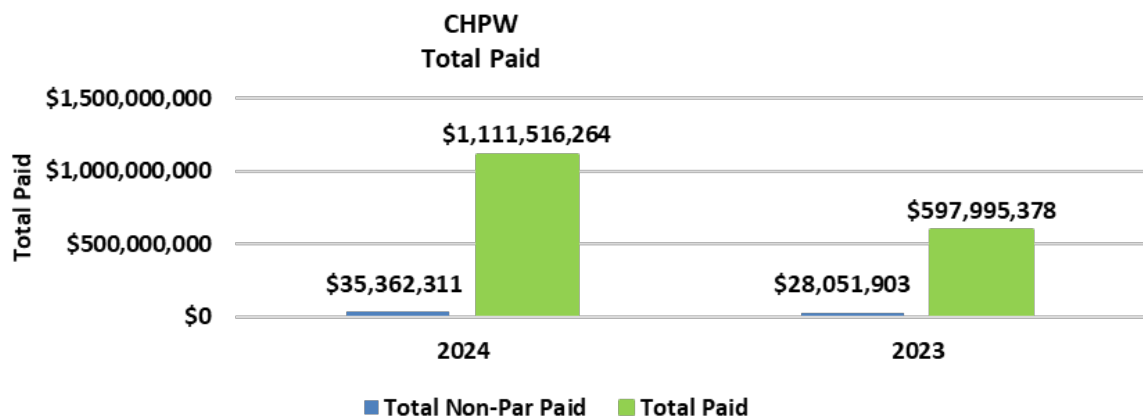


Chart 24: CHPW – total providers paid compared to non-participating providers paid

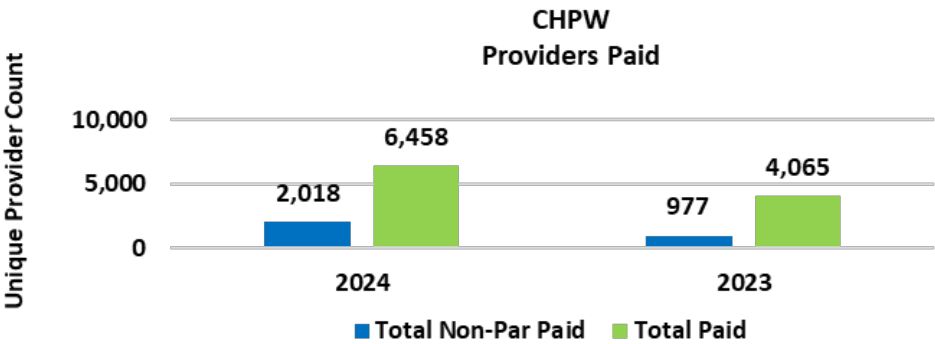
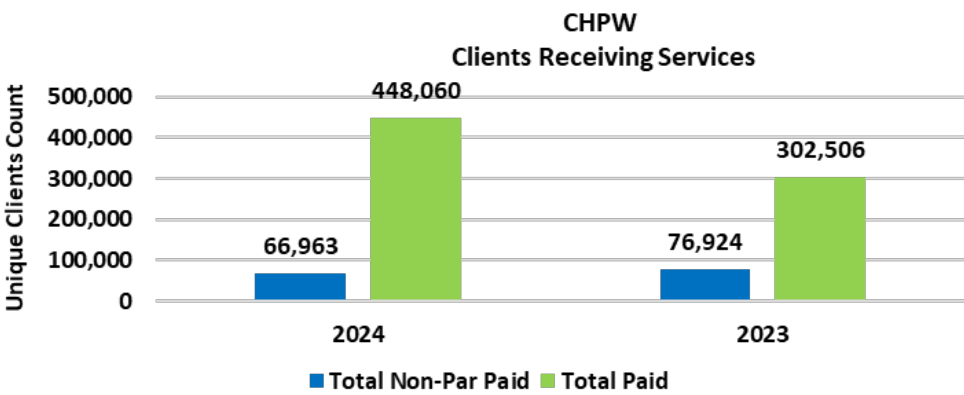


Chart 25: CHPW – total clients receiving services compared to clients receiving services from a non-participating provider



Coordinate Care of Washington - IMC (CCW)

- Total payments in FY 2024 increased by two percent and the payments to non-participating providers decreased by 61 percent compared to FY 2023.
- Total providers paid in FY 2024 increased by 25 percent and the number of non-participating providers paid increased by one percent compared to FY 2023.
- Total clients receiving services in FY 2024 decreased by three percent and the number of clients receiving services from a non-participating provider decreased by 19 percent compared to FY 2023.

Chart 26: CCW – total payments compared to non-participating provider payments

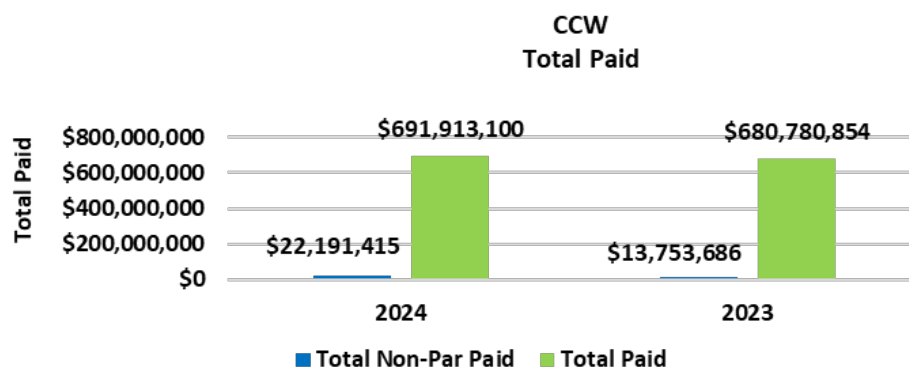


Chart 27: CCW – total providers paid compared to non-participating providers paid

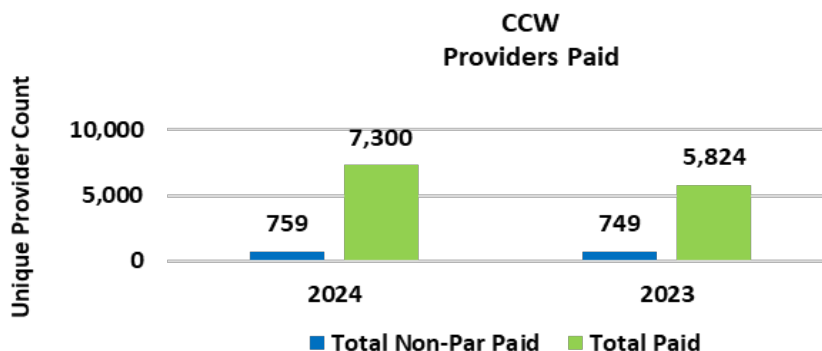
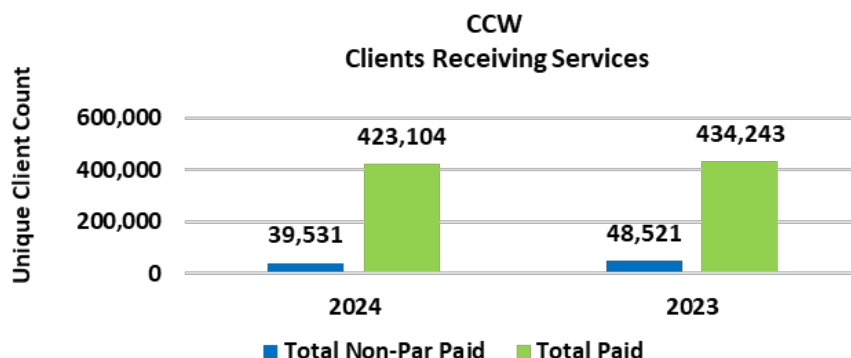


Chart 28: CCW – total clients receiving services compared to clients receiving services from a non-participating provider



Molina Healthcare of Washington (MHW)

- Total payments in FY 2024 increased by two percent and the payments to non-participating providers increased by 45 percent compared to FY 2023.
- Total providers paid in FY 2024 increased by one percent and the number of non-participating providers paid decreased by four percent compared to FY 2023.
- Total clients receiving services in FY 2024 have decreased by three percent and the number of clients receiving services from a non-participating provider decreased by 12 percent compared to FY 2023.

Chart 29: MHW – total payments compared to non-participating provider payments

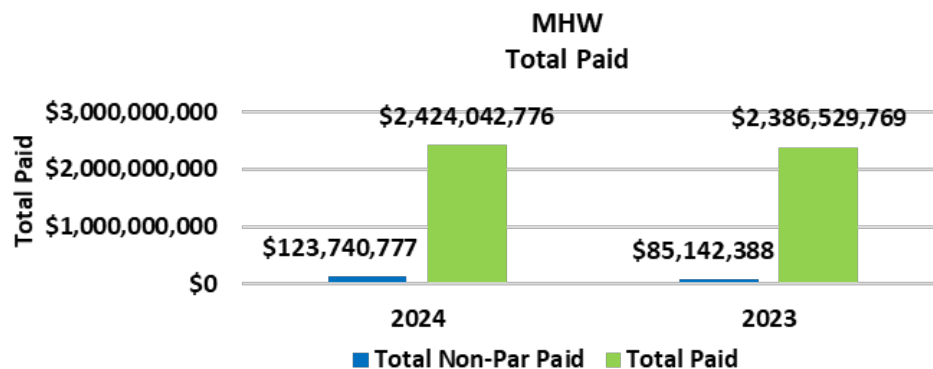


Chart 30: MHW – total providers paid compared to non-participating providers paid

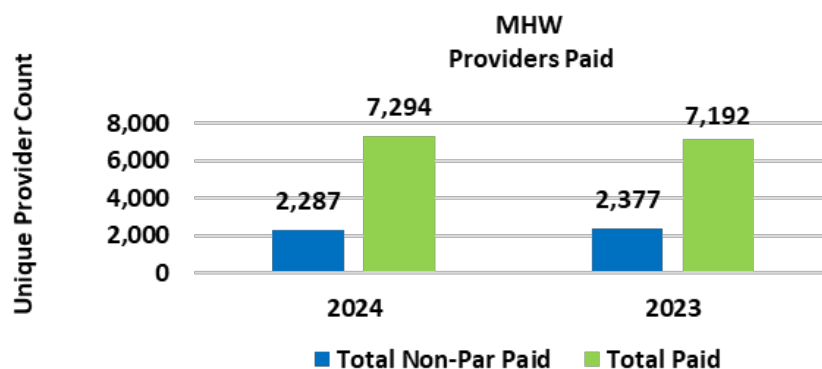
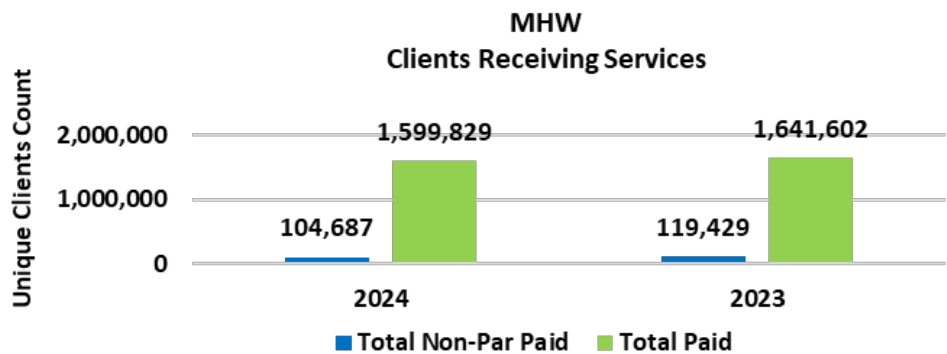


Chart 31: MHW – total clients receiving services compared to clients receiving services from a non-participating provider



UnitedHealthcare Community Plan (UHC)

- Total payments in FY 2024 decreased by three percent and the payments to non-participating providers decreased by nine percent compared to FY 2023.
- Total providers paid in FY 2024 increased by less than one percent and the number of non-participating providers paid decreased by three percent compared to FY 2023.
- Total clients receiving services in FY 2024 decreased by eight percent and the number of clients receiving services from a non-participating provider decreased by 12 percent compared to FY 2023.

Chart 32: UHC – total payments compared to non-participating provider payments

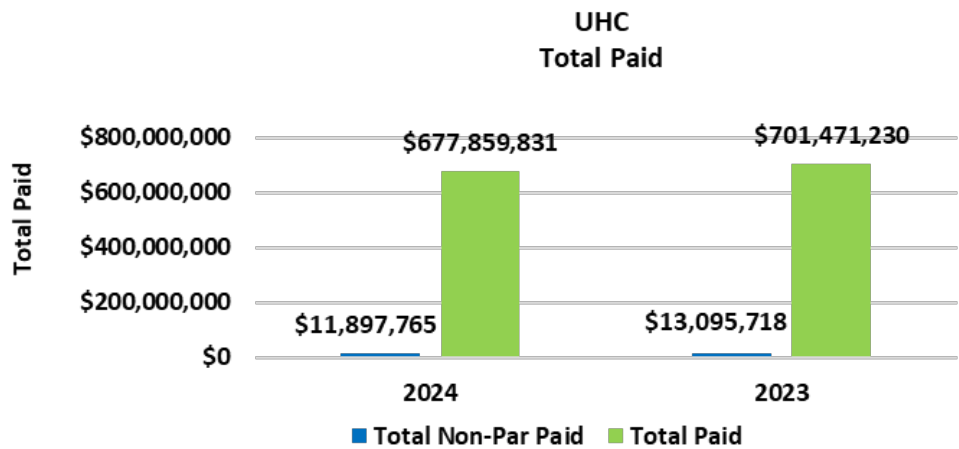


Chart 33: UHC – total providers paid compared to non-participating providers paid

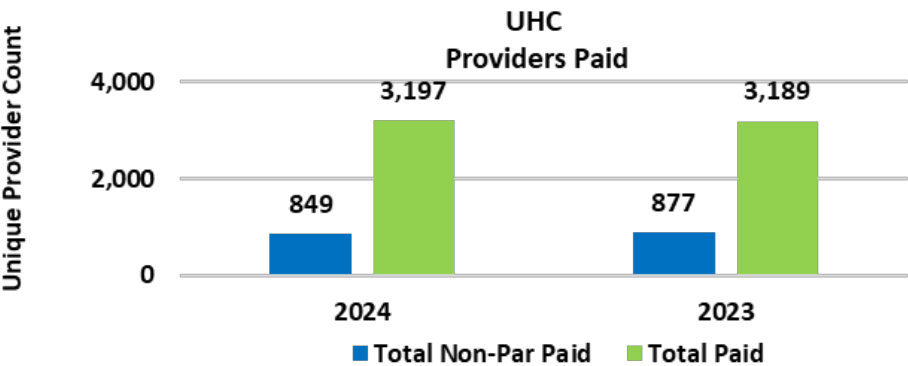
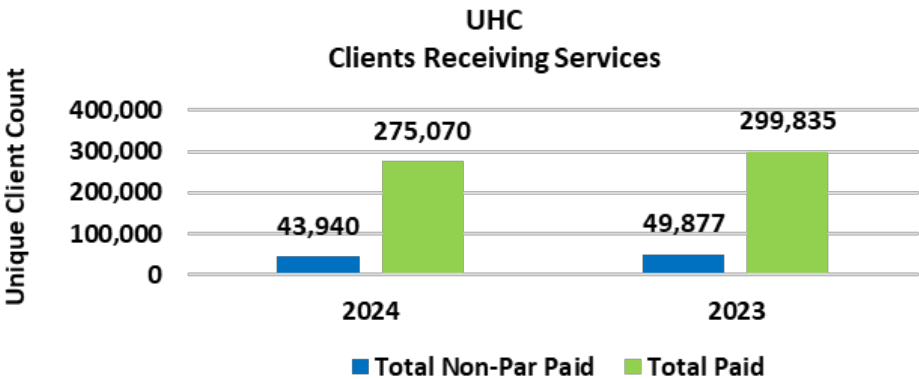


Chart 34: UHC – total clients receiving services compared to clients receiving services from a non-participating provider



Out-of-state/border-city payment non-participating data

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

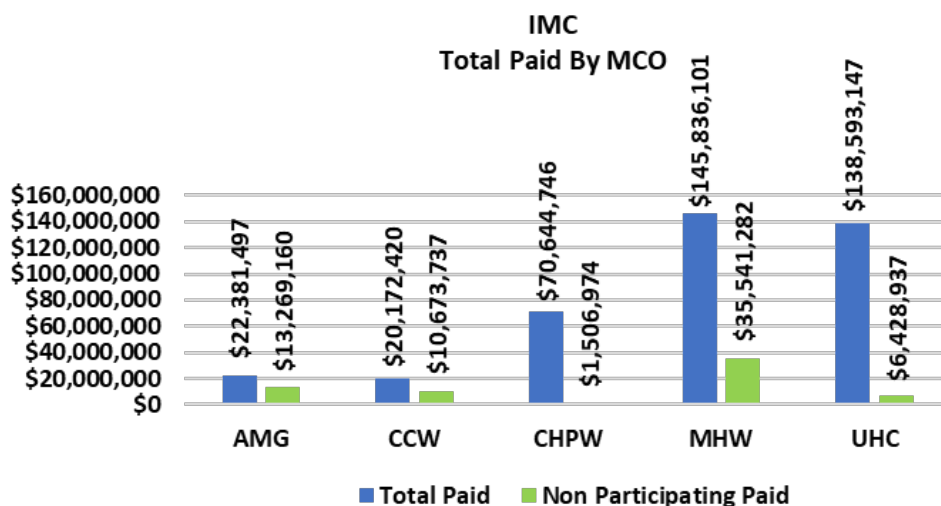


Chart 36: IMC – total unique providers paid by MCO

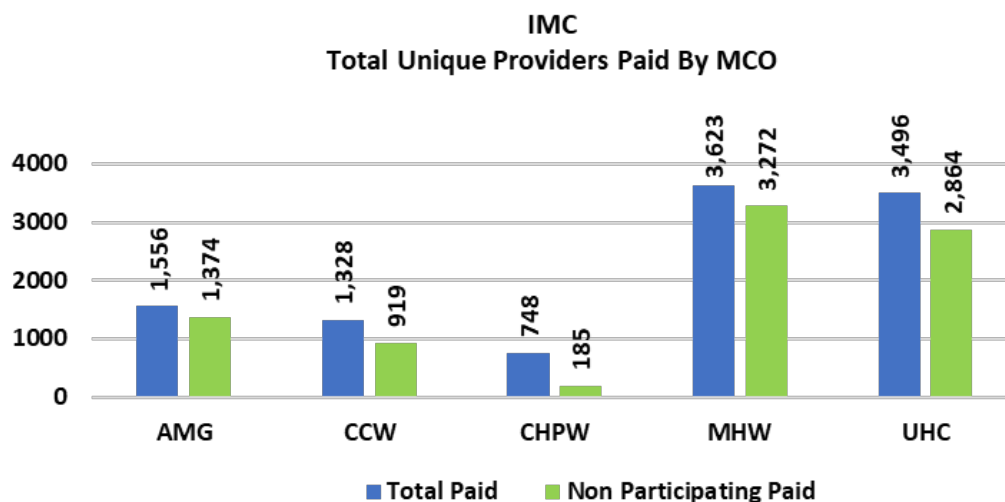


Chart 37: IMC – total unique clients receiving services by MCO

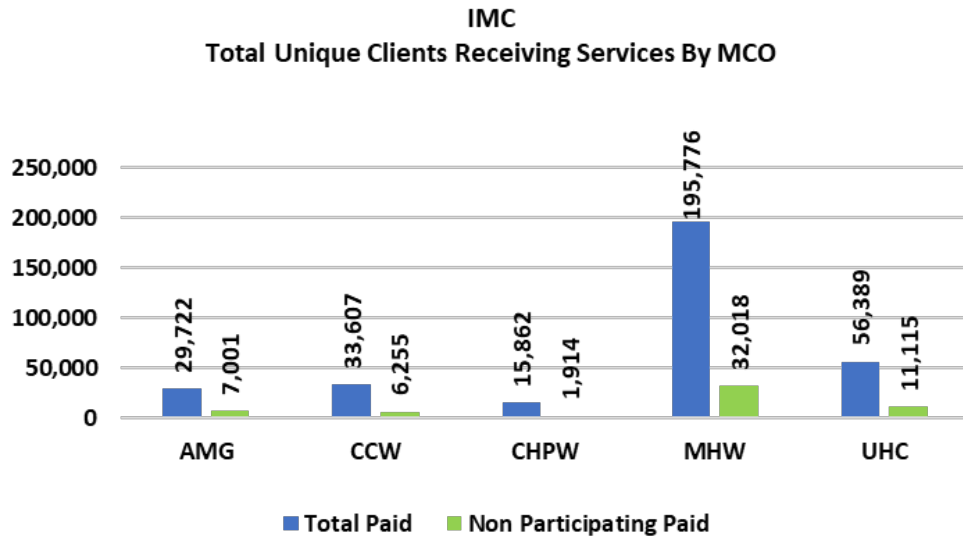
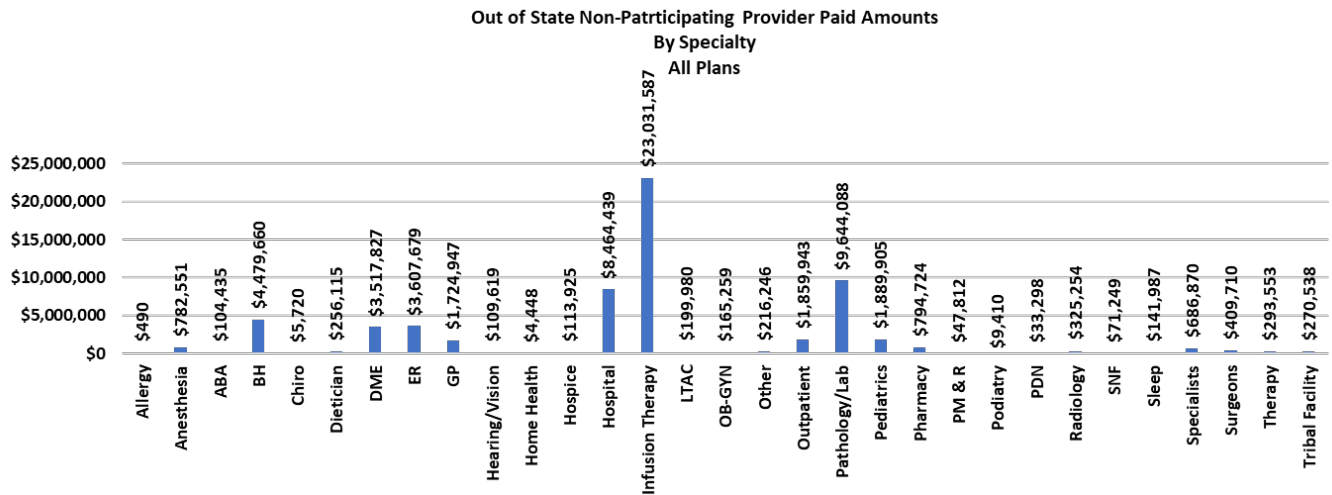


Chart 38: IMC – non-participating provider paid amounts, by specialty-all plans



Integrated Foster Care

Chart 39: IFC – total payments by MCO

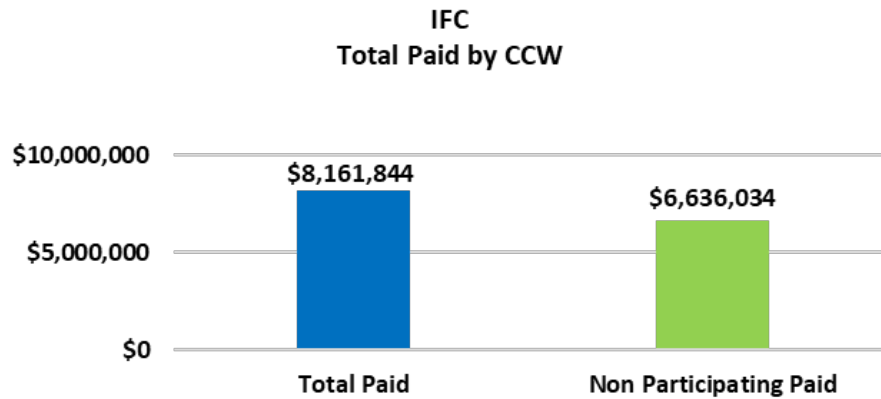


Chart 40: IFC – total unique providers paid by MCO

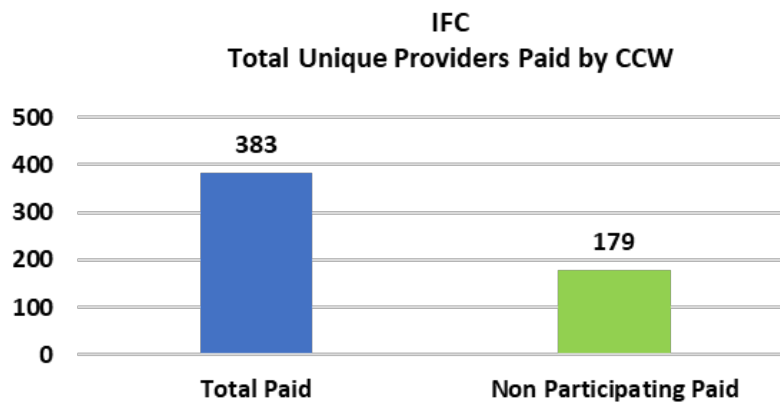


Chart 41: IFC – total unique clients receiving services by MCO

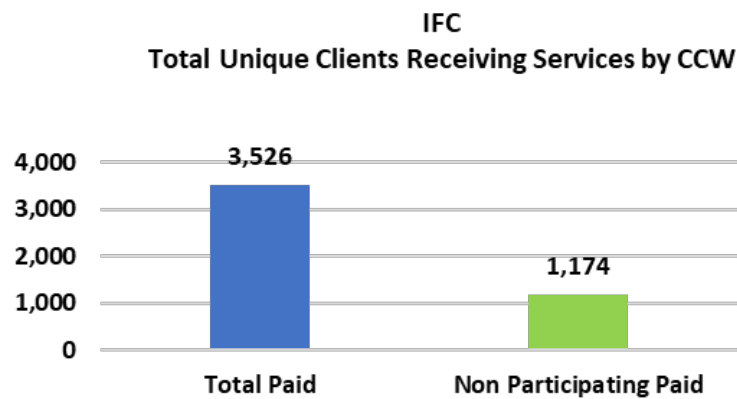
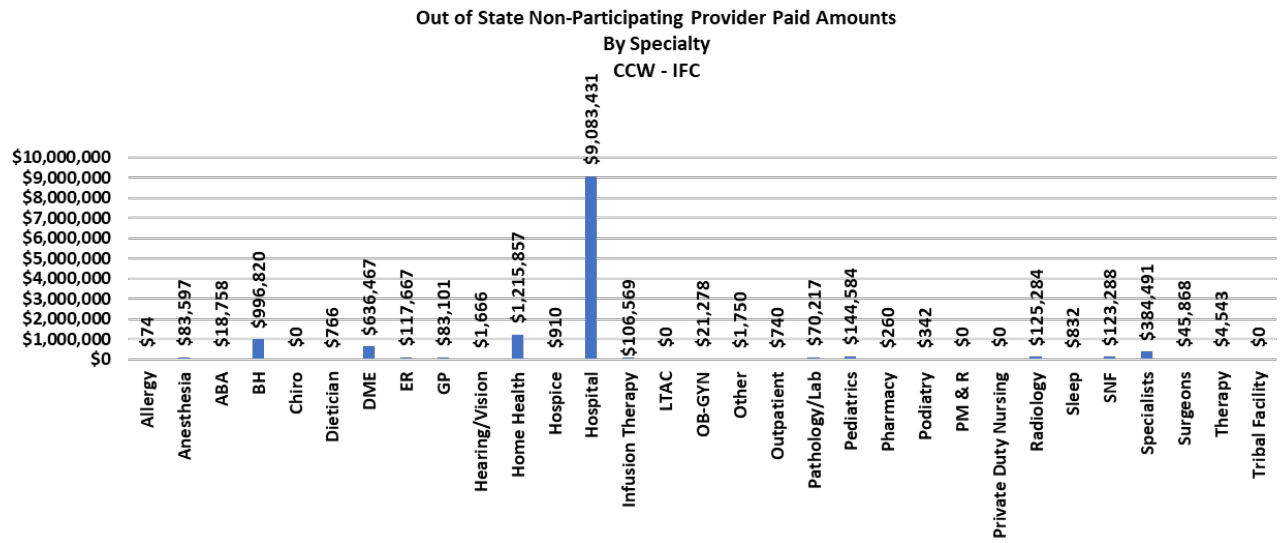


Chart 42: IFC – non-participating provider paid amounts, by specialty



Conclusion

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 \$27 million as 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 \$217 million—four percent of all expenditures—which is a one percent decrease over previous years.

- IMC: For the IMC contract the total spent this period for non-participating providers was \$213 million.
- IFC: The total spent on the IFC contract was \$4 million.

Overall, 19 percent of all claims paid were to non-participating providers for 10 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 five 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.

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.

HCA will continue to work closely with MCOs to gather more detailed information about services provided by non-participating behavioral health providers to identify barriers to contracting and will monitor this over time.

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.
- Continuing a more aggressive approach to contracting to ensure there is an adequate provider network, thus reducing non-participating provider utilization.