



PREPROPOSAL STATEMENT OF INQUIRY

CR-101 (October 2017)
(Implements RCW 34.05.310)

Do **NOT** use for expedited rule making

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STATE OF WASHINGTON
FILED

DATE: April 27, 2023

TIME: 12:10 PM

WSR 23-10-033

Agency: Health Care Authority

Subject of possible rule making:

182-500-0075 Medical assistance definitions - N
182-500-0085 Medical assistance definitions – P
182-502-0005 Core provider agreement (CPA)
182-502-0030 Termination of provider agreement – For cause
182-502-0270 Review of agency's provider dispute decision
Chapter 182-530 WAC Prescription drugs (Outpatient)
182-531-0250 Who can provide and bill for physician-related and health care professional services; other related rules as appropriate.

Statutes authorizing the agency to adopt rules on this subject: RCW 41.05.021, RCW 41.05.160

Reasons why rules on this subject may be needed and what they might accomplish: The agency is amending these rules to update language in WAC 182-502-0030 to remove the term "agreement" from the WAC title and replace it with "enrollment." The agency is also removing "core provider agreement" (CPA) from subsection (1) and replacing it with "enrollment" to provide clarity that all providers (not just those with a CPA) are subject to the rules. Additionally, the agency will update the WAC reference in subsection (1)(a)(ii) from WAC 246-934-100 to Chapter 246-16 WAC to align with the correct Department of Health (DOH) definition of sexual misconduct. The agency will amend the definition of provider in WAC 182-500-0085 to include servicing providers, nonbilling providers, providers with a CPA, and providers with other contracts with the Medicaid agency. The agency will also update the term "performing provider" to "servicing provider" in WACs 182-531-0250, 182-530-1000, and 182-502-0005 to align with consistent agency language. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.

Identify other federal and state agencies that regulate this subject and the process coordinating the rule with these agencies: The Centers for Medicare and Medicaid Services (CMS)

Process for developing new rule (check all that apply):

- Negotiated rule making
- Pilot rule making
- Agency study

Other (describe) The agency welcomes the public to take part in developing this rule. If interested, contact the person

identified below to receive an early rule draft to review. After the early review, the agency will send a notice of proposed rulemaking (CR-102) to everyone receiving this notice and anyone who requests a copy.

Interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication by contacting:

Name: Valerie Freudenstein (Rulemaking Questions)

Address: PO Box 42716, Olympia, WA 98504-2716

Phone: 360-725-1344

Fax: 360-586-9727

TTY: Telecommunication Relay Services (TRS): 711

Email: valerie.freudenstein@hca.wa.gov

Web site: www.hca.wa.gov/about-hca/rulemaking

Other:

(If necessary)

Name: Josh Morse (Program Questions)

Address: PO Box 45502, Olympia, WA 98504-5502

Phone: 360-725-0839


Fax: 360-586-9727

TTY: Telecommunication Relay Services (TRS): 711

Email: josh.morse@hca.wa.gov

Web site: www.hca.wa.gov/about-hca/rulemaking

Other:

Additional comments:	
Date: April 27, 2023	Signature: 
Name: Wendy Barcus	
Title: HCA Rules Coordinator	