



# PREPROPOSAL STATEMENT OF INQUIRY

## CR-101 (August 2017) (Implements RCW 34.05.310)

Do **NOT** use for expedited rule making

CODE REVISER USE ONLY

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STATE OF WASHINGTON  
FILED

DATE: September 28, 2018

TIME: 1:43 PM

WSR 18-20-076

**Agency:** Health Care Authority

**Subject of possible rule making:**

WAC 182-550-3000 Hospital services – Payment method  
WAC 182-550-3470 Hospital services – Payment method – Bariatric surgery – Per case rate  
WAC 182-550-4400 Hospital services – Services – Exempt from DRG payment  
WAC 182-550-4800 Hospital services – Hospital payment methods – State-administered programs  
Other related rules as appropriate.

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

**Reasons why rules on this subject may be needed and what they might accomplish:** The agency is modifying these sections to remove the bariatric fixed case rate. During the course of this review, the agency may identify additional 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:** N/A

**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: Vance Taylor  
Address: PO Box 42716 Olympia, WA 98504-2716  
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TTY: Telecommunication Relay Services (TRS): 711  
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Web site: [www.hca.wa.gov/about-hca/rulemaking](http://www.hca.wa.gov/about-hca/rulemaking)  
Other:

(If necessary)

Name:  
Address:  
Phone:  
Fax:  
TTY:  
Email:  
Web site:  
Other:

Additional comments:

**Date:** September 28, 2018

**Name:** Wendy Barcus

**Title:** HCA Rules Coordinator

**Signature:**