CODE REVISER USE ONLY

PROPOSED R	ULE MAI	KING
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## CR-102 (December 2017) (Implements RCW 34.05.320)

Do NOT use for expedited rule making

OFFICE OF THE CODE REVISER		
STATE OF WASHINGTON		
FILED		

DATE: March 11, 2019 TIME: 3:05 PM

WSR 19-07-018

Agency: Health Care Authority						
⊠ Original Notice						
□ Supplemental Notice to WSR						
□ Continuance of WSR						
		uiry was filed as WSR <u>19-03-087</u>	: or			
	•	•				
<ul> <li>Expedited Rule MakingProposed notice was filed as WSR; or</li> <li>Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or</li> </ul>						
□ Proposal is exemp		•••				
Title of rule and other identifying information: (describe subject) WAC 182-531-1730, Telemedicine						
Hearing location(s):						
Date:	Time:	Location: (be specific)	Comment:			
May 21, 2019	10:00 AM	Health Care Authority Cherry Street Plaza <b>Pear Conference Room 107</b> 626 8 <sup>th</sup> Ave, Olympia WA 98504	Metered public parking is available street side around building. A map is available at: <u>https://www.hca.wa.gov/assets/program/Driving-</u> <u>parking-checkin-instructions.pdf</u> or directions can be obtained by calling: (360) 725-1000			
Date of intended ado	ption: Not s	ooner than May 22, 2019 (Note: 7				
Submit written comm	nents to:					
Name: HCA Rules Coo	ordinator					
Address: PO Box 427	16, Olympia	WA 98504-2716				
Email: arc@hca.wa.go	<u>v</u>					
Fax: (360) 586-9727						
Other:						
By (date) <u>May 21, 201</u>						
Assistance for perso		abilities:				
Contact Amber Loughe						
Phone: (360) 725-1349						
Fax: (360) 586-9727						
TTY: Telecommunication Relay Services (TRS): 711						
Email: amber.lougheed@hca.wa.gov						
Other:						
By (date) <u>May 17, 2019</u>						
<b>Purpose of the proposal and its anticipated effects, including any changes in existing rules:</b> The agency is amending WAC 182-531-1730, Telemedicine add renal dialysis centers to the list of originating sites. This addition aligns with RCW 41.05.700.						

Reasons supporting proposal: See purpose.					
Statutory authori	ity for adoption: RCW 41	.05.021, 41.05.160, and RCW 41.05.700			
Statutory aution		.03.021, 41.03.100, and 1.077 41.03.700			
Statute being im	plemented: RCW 41 05 0	21, 41.05.160, and RCW 41.05.700			
otatato bonig ini					
Is rule necessary	because of a:				
Federal Lav			🗆 Yes 🖂 No		
	urt Decision?		□ Yes ⊠ No		
State Court			□ Yes ⊠ No		
If yes, CITATION:					
		if any, as to statutory language, implementation, e	inforcement and ficcal		
matters: N/A	ts or recommendations,	in any, as to statutory language, implementation, e	morcement, and fiscal		
Name of propone	ent: (person or organization	n) Health Care Authority	Private		
			Public		
			☑ Governmental		
Name of agency	personnel responsible f	or:			
	Name	Office Location	Phone		
Drafting:	Jason Crabbe	PO Box 42716, Olympia WA 98504-2716	360-725-9563		
Implementation:	Jodi Kunkel	PO Box 45506, Olympia WA 98504-5506	360-725-9805		
Enforcement:	Jodi Kunkel	PO Box 45506, Olympia WA 98504-5506	360-725-9805		
		nt required under RCW 28A.305.135?	□ Yes ⊠ No		
If yes, insert state	•	in required under RCW 26A.305.135?			
ii yes, insen state					
	, abtain a constration ach	a la district fiscal impostatore ant by contration.			
	y obtain a copy of the scho	ool district fiscal impact statement by contacting:			
Name: Address					
Phone:	•				
Filone. Fax:					
TTY:					
Email:					
Other:					
Is a cost-benefit analysis required under RCW 34.05.328?					
Yes: A preliminary cost-benefit analysis may be obtained by contacting:					
Name:		yolo may be obtained by contacting.			
Address	:				
Phone:					
Fax:					
TTY:					
Email:					
Other:					
	se explain: RCW 34.05.32	8 does not apply to Health Care Authority rules unless	requested by the Joint		
	Rules Review Committee				

Regulator	y Fairness Act Cost Considerations for a	Small Busin	ess Economic Impact Statement:		
	roposal, or portions of the proposal, <b>may be</b> .85 RCW). Please check the box for any ap		requirements of the Regulatory Fairness Act (see ption(s):		
			RCW 19.85.061 because this rule making is being		
			lations. Please cite the specific federal statute or describe the consequences to the state if the rule is not		
adopted.		,			
	d description:				
	RCW 34.05.313 before filing the notice of the		e the agency has completed the pilot rule process		
-	5	• •	he provisions of RCW 15.65.570(2) because it was		
	/ a referendum.		··· [·································		
I This rul	le proposal, or portions of the proposal, is ex	xempt under F	RCW 19.85.025(3). Check all that apply:		
	RCW 34.05.310 (4)(b)	$\boxtimes$	RCW 34.05.310 (4)(e)		
	(Internal government operations)		(Dictated by statute)		
	RCW 34.05.310 (4)(c)		RCW 34.05.310 (4)(f)		
	(Incorporation by reference)		(Set or adjust fees)		
	RCW 34.05.310 (4)(d)		RCW 34.05.310 (4)(g)		
	(Correct or clarify language)		((i) Relating to agency hearings; or (ii) process		
			requirements for applying to an agency for a license or permit)		
□ This rul	le proposal, or portions of the proposal, is e	xempt under F	RCW .		
Explanatio	n of exemptions, if necessary:				
			NO EXEMPTION APPLIES		
If the propo	osed rule is <b>not exempt</b> , does it impose mo	re-than-minor	costs (as defined by RCW 19.85.020(2)) on businesses?		
🗆 No	Briefly summarize the agency's analysis s	showing how d	costs were calculated.		
		-			
🗌 Yes		•	e-than-minor cost to businesses, and a small business		
economic impact statement is required. Insert statement here:					
	public may obtain a copy of the small busin acting:	ess economic	impact statement or the detailed cost calculations by		
	Jame:				
	Address:				
F	Phone:				
F	Fax:				
	TY:				
	Email:				
	Other:	<b>.</b>			
Date: Marc	ch 11, 2019	Signat			
Name: Wendy Barcus			Mendy Baraus		
Title: HCA	Rules Coordinator		Vlandy Boards		
L		1			

AMENDATORY SECTION (Amending WSR 15-20-063, filed 10/1/15, effective 11/1/15)

WAC 182-531-1730 Telemedicine. (1) Telemedicine is when a health care practitioner uses HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications) or store and forward technology to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located. If the service is provided through store and forward technology, there must be an associated office visit between the client and the referring health care provider.

(2) The medicaid agency does not cover the following services as telemedicine:

(a) Email, audio only telephone, and facsimile transmissions;

(b) Installation or maintenance of any telecommunication devices or systems; and

(c) Purchase, rental, or repair of telemedicine equipment.

(3) **Originating site.** An originating site is the physical location of the client at the time the health care service is provided. Approved originating sites are:

(a) Clinics;

(b) Community mental health/chemical dependency settings;

(c) Dental offices;

(d) Federally qualified health centers;

(e) Home or any location determined appropriate by the individual receiving the service;

(f) Hospitals - Inpatient and outpatient;

(g) Neurodevelopmental centers;

(h) Physician or other health professional's office;

(i) <u>Renal dialysis centers</u>, <u>except an independent renal dialysis</u> <u>center</u>;

(j) Rural health clinics;

 $((\frac{j}{k}))$  <u>(k)</u> Schools; and

((<del>(k)</del>)) <u>(l)</u> Skilled nursing facilities.

(4) **Distant site.** A distant site is the physical location of the health care professional providing the health care service.

(5) The agency pays an additional facility fee per completed transmission to either the originating site or the distant site, as specified in the agency's program-specific billing instructions.

(6) If a health care professional performs a separately identifiable service for the client on the same day as the telemedicine service, documentation for both services must be clearly and separately identified in the client's medical record.

(7) Billing procedures for telemedicine can be found in the agency's program-specific billing instructions.