PROPOSED RULE MAKING



CR-102 (December 2017) (Implements RCW 34.05.320)

Do NOT use for expedited rule making

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DATE: September 04, 2019

TIME: 11:52 AM

WSR 19-18-100

Agency: Health Care Authority							
☑ Original Notice							
□ Supplemental Notice to WSR							
□ Continuance of WSR							
□ Preproposal Statement of Inquiry was filed as WSR 19-11-097; or							
□ Expedited Rule MakingProposed notice was filed as WSR; or							
□ Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or							
□ Proposal is exempt under RCW							
Title of rule and other identifying information: (describe subject):							
WAC 182-502-0012 When the medicaid agency does not enroll							
WAC 182-502-0040 Te	ermination o	f a provider agreement – For conve	enience				
WAC 182-502-0060 R	eapplying fo	r participation.					
Hearing location(s):							
Date:	Time:	Location: (be specific)	Comment:				
October 8, 2019	10:00 AM	Health Care Authority Cherry Street Plaza Sue Crystal 106A 626 8th Ave, Olympia WA 98504	Metered public parking is available street side around building. A map is available at: https://www.hca.wa.gov/assets/program/Driving-parking-checkin-instructions.pdf or directions can be obtained by calling: (360) 725-1000				
Date of intended ado	ption: Not s	sooner than October 9, 2019 (Note					
Submit written comm	·	(*****					
Name: Wendy Barcus							
Address: PO Box 427	16. Olympia	WA 98504-2716					
Email: arc@hca.wa.go							
Fax: (360) 586-9727							
Other:							
By (date) October 8, 20	<u>019</u>						
Assistance for persons with disabilities:							
Contact Amber Lougheed							
Phone: (360) 725-1349							
Fax: (360) 586-9727							
TTY: Telecommunication Relay Services (TRS): 711							
Email: amber.lougheed@hca.wa.gov							
Other:							
By (date) September 2	27, 2019						
Purpose of the proposal and its anticipated effects, including any changes in existing rules: The agency is amending							

WAC 182-502-0012(5) and WAC 182-502-0040(2) to allow providers to request the agency to reconsider agency decisions to deny enrollment applications, and to request the agency to reconsider terminations of a provider agreement for convenience.

The reconsideration process being added to 182-502-0012 is a separate process from the reconsideration process in Chapter 182-526 WAC and separate from the dispute resolution process in WAC 182-502-0050. The agency is amending WAC 182-502-0060 to remove subsections (1) and (2) that prohibit providers from reapplying for participation after the agency denies enrollment or removes a provider from participation. The agency has determined that the rules need to be

amended to allow for due process and for reporting purposes.

Reasons supporting proposal: See Purpose.						
Statutory author	ity for adoption: RCW 4	11.05.021, 41.05.160				
Statute being im	plemented: RCW 41.05.	.021, 41.05,160				
J	,	,				
Is rule necessary	y because of a:					
Federal La		☐ Yes ☒ No				
Federal Co	☐ Yes ☒ No					
State Cour	□ Yes ⊠ No					
If yes, CITATION						
Agency commer matters: N/A	nts or recommendations	s, if any, as to statutory language, implementation, e	enforcement, and fiscal			
Name of propon	ent: (person or organizat	ion) Health Care Authority	☐ Private			
			☐ Public			
			⊠ Governmental			
Name of agency	personnel responsible	for:				
	Name	Office Location	Phone			
Drafting:	Amy Emerson	PO Box 42716, Olympia WA 98504-2716	360-725-1348			
Implementation:	Trudi Glant	PO Box 45504, Olympia WA 98504-2716	360-725-1795			
Enforcement:	Trudi Glant	PO Box 45504, Olympia WA 98504-2716	360-725-1795			
	•	ent required under RCW 28A.305.135?	☐ Yes ⊠ No			
If yes, insert state	ment here.					
•	y obtain a copy of the scl	nool district fiscal impact statement by contacting:				
Name:						
Address	3:					
Phone: Fax:						
TTY:						
Email:						
Other:						
Is a cost-benefit	analysis required unde	r RCW 34.05.328?				
	•	alysis may be obtained by contacting:				
Name:						
Address	3:					
Phone:						
Fax:						
TTY:						
Email: Other:						
	ise evnlain: RCM 34 05 3	328 does not apply to Health Care Authority rules unless	requested by the laint			
	Rules Review Committe		requested by the Julia			

Regulatory Fairness Act Cost Considerations for a Small Business Economic Impact Statement:							
This rule proposal, or portions of the proposal, may be exempt from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). Please check the box for any applicable exemption(s):							
This rule proposal, or portions of the proposal, is exempt under RCW 19.85.061 because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted. Citation and description: This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by RCW 34.05.313 before filing the notice of this proposed rule.							
	e proposal, or portions of the proposal, is exe	mpt under R	CW 19.85.025(3). Check all that apply:				
	RCW 34.05.310 (4)(b)	. 🗆	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)				
	e proposal, or portions of the proposal, is exen of exemptions, if necessary:	empt under R					
If the propo			NO EXEMPTION APPLIES costs (as defined by RCW 19.85.020(2)) on businesses?				
⊠ No 0012, 18 □ Yes	Briefly summarize the agency's analysis sh 82-502-0040, and 182-502-0060 do not impo	owing how o se additiona nposes more	costs were calculated. The updates to WACs 182-502- compliance costs or requirements on providers. e-than-minor cost to businesses, and a small business				
	public may obtain a copy of the small busines acting:	ss economic	impact statement or the detailed cost calculations by				
A P F T E	lame: ddress: Phone: ax: TY: amail: Other:	T					
Date: September 4, 2019			ure:				
Name: Wendy Barcus			Mondy Donnes				
Title: HCA Rules Coordinator			1 300 1000				

- WAC 182-502-0012 When the medicaid agency does not enroll. (1) The medicaid agency does not enroll a health care professional, health care entity, supplier, or contractor of service for reasons which include, but are not limited to, the following:
 - (a) The agency determines that:
- (i) There is a quality of care issue with significant risk factors that may endanger client health, or safety, or both (see WAC 182-502-0030 (1)(a)); or
- (ii) There are risk factors that affect the credibility, honesty, or veracity of the health care practitioner (see WAC 182-502-0030 (1)(b)).
- (b) The health care professional, health care entity, supplier or contractor of service:
- (i) Is excluded from participation in medicare, medicaid or any other federally funded health care program;
- (ii) Has a current formal or informal pending disciplinary action, statement of charges, or the equivalent from any state or federal professional disciplinary body at the time of initial application;
- (iii) Has a suspended, terminated, revoked, or surrendered professional license as defined under chapter 18.130 RCW;
- (iv) Has a restricted, suspended, terminated, revoked, or surrendered professional license in any state;
- (v) Is noncompliant with the department of health or other state health care agency's stipulation of informal disposition, agreed order, final order, or similar licensure restriction;
- (vi) Is suspended or terminated by any agency within the state of Washington that arranges for the provision of health care;
- (vii) Fails a background check, including a fingerprint-based criminal background check, performed by the agency. See WAC 182-502-0014 and 182-502-0016; or
- (viii) Does not have sufficient liability insurance according to WAC 182-502-0016 for the scope of practice, to the extent the health care professional, health care entity, supplier or contractor of service is not covered by the Federal Tort Claims Act, including related rules and regulations.
- (c) A site visit under 42 C.F.R. 455.432 reveals that the provider has failed to comply with a state or federal requirement.
- (2) The agency may not pay for any health care service, drug, supply or equipment prescribed or ordered by a health care professional, health care entity, supplier or contractor of service whose application for a core provider agreement (CPA) has been denied or terminated.
- (3) The agency may not pay for any health care service, drug, supply, or equipment prescribed or ordered by a health care professional, health care entity, supplier or contractor of service who does not have a current CPA with the agency when the agency determines there is a potential danger to a client's health and/or safety.
- (4) Nothing in this chapter precludes the agency from entering into other forms of written agreements with a health care professional, health care entity, supplier or contractor of service.
- (5) If the agency denies an enrollment application <u>under this</u> <u>section</u>, the applicant ((does not have any dispute rights within the agency)) <u>may request that the agency reconsider the denial.</u>

[1] OTS-1556.1

- (a) The agency's decision at reconsideration is the agency's final decision.
- (b) The agency reconsiders the applicant according to the process and guidelines outlined in subsections (1) through (4) of this section.
- (c) The reconsideration process in this section is unrelated to the reconsideration process described in chapter 182-526 WAC.
 - (6) Under 42 C.F.R. 455.470, the agency:
- (a) Will impose a temporary moratorium on enrollment when directed by CMS; or
- (b) May initiate and impose a temporary moratorium on enrollment when approved by ${\ensuremath{\mathsf{CMS}}}\xspace.$

<u>AMENDATORY SECTION</u> (Amending WSR 11-14-075, filed 6/30/11, effective 7/1/11)

- WAC 182-502-0040 Termination of a provider agreement—For convenience. (1) Either the ((department)) medicaid agency or the provider may terminate the provider's participation with the ((department)) agency for convenience with thirty calendar days written notice served upon the other party in a manner which provides proof of receipt or proof of valid attempt to deliver.
- (2) Terminations for convenience are not eligible for the dispute resolution process described in WAC (($\frac{388-502-0050}{1}$)) $\frac{182-502-0050}{1}$. Terminations for convenience are eligible for reconsideration as described in WAC 182-502-0012.
- (3) If a provider is terminated for convenience, the ((department)) agency pays for authorized services provided up to the date of termination only.

<u>AMENDATORY SECTION</u> (Amending WSR 15-15-050, filed 7/9/15, effective 8/9/15)

- WAC 182-502-0060 Reapplying for participation. (((1) Providers who are denied enrollment or removed from participation are not eligible to reapply for participation with the medicaid agency for five years from the date of denial or termination.
- (2) Providers who are denied enrollment or removed from participation pation more than once are not eligible to reapply for participation with the agency.
- $\frac{\text{(3)}}{\text{(3)}})$ A provider who is terminated solely under WAC 182-502-0030(3) is eligible for immediate reapplication with the $\underline{\text{med-}}$ icaid agency if the provider is not a full or partial owner of a terminated group practice.

[2] OTS-1556.1