PROPOSED RULE MAKING



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

Do NOT use for expedited rule making

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DATE: March 03, 2020

TIME: 11:51 AM

WSR 20-06-062

Agency: Health Care Authority							
□ Original Notice □ Original No							
□ Supplemental Notice to WSR							
□ Continuance of WSR							
⊠ Preproposal Statement of Inquiry was filed as WSR <u>19-20-106</u> ; 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)							
		ety net assessment (HSNA) progra notices – Process and timelines	m – Purpose				
WAC 162-550-6100 - A	Assessment	notices – Process and timelines					
Hearing location(s):							
Date:	Time:	Location: (be specific)	Comment:				
April 7, 2020	10:00 AM	Health Care Authority	Metered public parking is available street side around				
•		Cherry Street Plaza	building. A map is available at:				
		Sue Crystal Conference Room	https://www.hca.wa.gov/assets/program/Driving-				
		626 8th Ave, Olympia WA 98504	parking-checkin-instructions.pdf or directions can be				
Date of intended ado	ntion: Not s	ooner than April 8, 2020 (Note: The	obtained by calling: (360) 725-1000				
Submit written comm		Other than April 6, 2020 (Note: 11	iis is NOT the checkive date)				
Name: HCA Rules Cod							
Address: PO Box 427		WA 98504-2716					
Email: arc@hca.wa.go		VVX 30304 27 10					
Fax: (360) 586-9727	<u>·</u>						
Other:							
By (date) April 7, 2020							
Assistance for person	ns with disa	abilities:					
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) March 27, 2020							
	Purpose of the proposal and its anticipated effects, including any changes in existing rules:						
The agency is establishing rules for the Hospital Safety Net Assessment Program. The proposed rules:							

• Describe how and when the agency offsets amounts from scheduled payments to a hospital when that hospital has not

• Describe the payment due date and the notifications sent out by the agency.

• Establish a process to appeal the agency's action to offset amounts from scheduled payments.

timely paid its assessment.

Reasons supporting proposal: This rulemaking is authorized by RCW 74.60.050.							
Statutory authority for adoption: RCW 41.05.021, 41.05.160, RCW 74.60.050							
Statute being im	plemented: RCW 41.05	.021, 41.05.160, Chapter 74.60 RCW					
Is rule necessary	y because of a:						
Federal La		☐ Yes ☒ No					
Federal Co	□ Yes ⊠ No						
State Cour		☐ Yes ⊠ No					
If yes, CITATION:							
matters: N/A	nts or recommendations	s, if any, as to statutory language, implementation, e	enforcement, and fiscal				
Name of propon	□ Private□ Public⊠ Governmental						
Name of agency	personnel responsible	for:					
	Name	Office Location	Phone				
Drafting:	Melinda Froud	PO Box 42716, Olympia WA 98504-2716	360-725-1408				
Implementation:	Clinton Fridley	PO Box 45510, Olympia WA 98504-5510	360-725-1577				
Enforcement:	Clinton Fridley	PO Box 45510, Olympia WA 98504-5510	360-725-1577				
Is a school distri If yes, insert state No	•	ent required under RCW 28A.305.135?	□ Yes ⊠ No				
· ·	y obtain a copy of the scl	hool district fiscal impact statement by contacting:					
Name: Address							
Phone:	S.						
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:							
Address	S:						
Phone: Fax:							
TTY:							
Email:							
Other:							
⊠ No: Plea	se explain: RCW 34.05.3 Rules Review Committe	328 does not apply to Health Care Authority rules unless e or applied voluntarily.	requested by the Joint				

Regulator	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):							
adopted so regulation t adopted. Citation an □ This rul	olely to conform and/or comply with federal staths rule is being adopted to conform or comp d description:	atute or reguily with, and o	2CW 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 ethe agency has completed the pilot rule processule.				
☐ This rule proposal, or portions of the proposal, is exempt under the provisions of RCW 15.65.570(2) because it was adopted by a referendum.							
	e proposal, or portions of the proposal, is exe	empt 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)				
If the propo			NO EXEMPTION APPLIES costs (as defined by RCW 19.85.020(2)) on businesses?				
□ No	Briefly summarize the agency's analysis sh	nowing how o	costs were calculated.				
☐ Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses, and a small business economic impact statement is required. Insert statement here:							
The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:							
A F F T E	lame: Address: Phone: Fax: TY: Email: Other:						
Date: March 3, 2020		Signat	ure:				
Name: Wendy Barcus			Windy Borous				
Title: HCA Rules Coordinator			X				

NEW SECTION

WAC 182-550-8000 Hospital safety net assessment (HSNA) program—Purpose. Chapter 74.60 RCW establishes the hospital safety net assessment (HSNA) program. The HSNA program imposes an assessment on certain Washington state hospitals that is used solely to increase funding from all other sources and support additional payments to hospitals for authorized medicaid services. The medicaid agency has authority to issue rules associated with the HSNA program under RCW 41.05.021 (1) (m) (iv) and 74.60.050(1).

NEW SECTION

- WAC 182-550-8100 Assessment notices—Process and timelines. (1) Notification. The medicaid agency sends hospital safety net assessment (HSNA) notices on or about thirty calendar days prior to the end of each quarter as required by RCW 74.60.030 (1) (a).
- (2) **Payment due date.** Each hospital must pay its assessment in full by the due date listed in the HSNA notice.
- (3) First past-due notification. If a hospital does not pay its HSNA assessment in full by the due date, the agency sends the hospital a past-due notice. The past-due notice informs the hospital of the actions the agency may take if the hospital's assessment becomes ninety calendar days past due.
- (4) Final past-due notification. If a hospital does not pay its assessment in full within ninety calendar days of its due date stated in the HSNA notice, the agency sends the hospital a final past-due notice.
- (a) The final past-due notice informs the hospital of the actions the agency takes, as required by RCW 74.60.050(2), to offset funds from the agency's scheduled payments to the hospital.
- (b) The agency does not offset funds from managed care capitation payments, as described in RCW 74.60.130.
- (5) **Appeal.** A hospital may appeal the actions the agency takes to offset funds by following the process outlined in WAC 182-502-0050.

[1] OTS-2052.1