## PROPOSED RULE MAKING



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

Do **NOT** use for expedited rule making

## **CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER STATE OF WASHINGTON FILED

DATE: January 05, 2021

TIME: 2:54 PM

WSR 21-02-072

Agency: Health Care Authority											
□ Original Notice     □ Original No											
□ Supplemental Notice to WSR □ Continuance of WSR □ Preproposal Statement of Inquiry was filed as WSR 20-15-036; 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) 182-530-5000- Billing requirements – Pharmacy claim payment											
								Hearing location(s):			
								Date:	Time:	Location: (be specific)	Comment:
								February 9, 2021	10:00 AM	In response to the coronavirus disease 2019 (COVID-19) public health emergency, the agency will not provide a physical	To attend the virtual public hearing, you must register at the following link: <a href="https://attendee.gotowebinar.com/register/32068096">https://attendee.gotowebinar.com/register/32068096</a>
										location for this hearing. This promotes social distancing and	<u>37312512526</u>
										the safety of the citizens of	Webinar ID: 760-399-595
										Washington State. A virtual public	
		hearing, without a physical meeting space, will be held instead.	After registering, you will receive a confirmation email containing the information about joining the webinar.								
Date of intended adoption: Not sooner than February 10, 2021 (Note: This is NOT the effective date)											
Submit written comn	nents to:										
Name: HCA Rules Co	ordinator										
Address: PO Box 427	<sup>7</sup> 16, Olympia	ı WA 98504-2716									
Email: arc@hca.wa.go	<u> </u>										
Fax: (360) 586-9727											
Other:											
By (date) February 9,											
Assistance for perso		abilities:									
Contact Amber Lough											
Phone: (360) 725-134	.9										
Fax: (360) 586-9727											
TTY: Telecommunication Relay Services (TRS): 711											
Email: amber.lougheed@hca.wa.gov											
Other:	2021										
By (date) <u>January 22, 2021</u>											

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The agency is amending this rule to revise the signature requirement for pharmacy products dispensed and delivered directly to a Medicaid client or their provider's office. The proposed rule requires either the client or the provider to sign for delivered products.

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		signature requirement ensures proof of delivery for presential for Medicaid fraud and duplicate billing.	scriptions sent to a				
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Statutory author	ity for adoption: RCW 4	1.05.021, 41.05.160					
Statute being im	plemented: RCW 41.05.	021, 41.05.160					
Is rule necessary Federal La			□ Vaa				
	w? urt Decision?		□ Yes ⊠ No □ Yes ⊠ No				
State Cour	☐ Yes ⊠ No						
If yes, CITATION:							
Name of propon	ent: (person or organizati	on) Health Care Authority	<ul><li>□ Private</li><li>□ Public</li><li>☒ Governmental</li></ul>				
Name of agency	personnel responsible	for:	2 Covernmentar				
	. Name	Office Location	Phone				
Drafting:	Melinda Froud	PO Box 42716, Olympia WA 98504-2716	360-725-1408				
Implementation:	Amy Irwin	PO Box 45502, Olympia, WA 98504-5502	360-725-1673				
Enforcement:	Amy Irwin	PO Box 45502, Olympia, WA 98504-5502	360-725-1673				
	-	ent required under RCW 28A.305.135?	□ Yes ⊠ No				
If yes, insert state	ment here:						
The public ma	y obtain a copy of the sch	nool district fiscal impact statement by contacting:					
Name:							
Address	<b>:</b> :						
Phone: Fax:							
TTY:							
Email:							
Other:							
	analysis required unde						
Yes: A preliminary cost-benefit analysis may be obtained by contacting: Name:							
Name:	Address:						
Phone:	<b>.</b>						
Fax:							

	TY: mail:					
	maii. ther:					
<ul> <li>No: Please explain: RCW 34.05.328 does not apply to Health Care Authority rules unless requested by the Joint Administrative Rules Review Committee or applied voluntarily.</li> </ul>						
Regulatory Fairness Act Cost Considerations for a Small Business Economic Impact Statement:						
This rule proposal, or portions of the proposal, <b>may be exempt</b> 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.						
☐ 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 exemp	ot under F	RCW 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 exempt of exemptions, if necessary:	ot under F	PCW			
	COMPLETE THIS SECTION	ONLY IF	NO EXEMPTION APPLIES			
If the propos	sed rule is <b>not exempt</b> , does it impose more-th	an-minor	costs (as defined by RCW 19.85.020(2)) on businesses?			
<ul> <li>No Briefly summarize the agency's analysis showing how costs were calculated. This rulemaking does not impose any costs on businesses</li> <li>□ 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:</li> </ul>						
The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:						
Name:						
Address:						
Phone:						
	ax:					
	TY:					
	mail: ther:					
Date: Janua		Signat	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Name: Wendy Barcus			Wendy Borous			
Title: HCA Rules Coordinator			V mind 1 mins			

## WAC 182-530-5000 Billing requirements—Pharmacy claim payment. (1) When billing the medicaid agency for pharmacy services, providers must:

- (a) Use the appropriate agency claim form or electronic billing specifications;
- (b) Include the actual eleven-digit national drug code (NDC) number of the product dispensed from a rebate eligible manufacturer;
- (c) Bill the agency using metric decimal quantities which is the National Council for Prescription Drug Programs (NCPDP) billing unit standard;
- (d) Meet the general provider documentation and record retention requirements in WAC 182-502-0020; and
  - (e) Maintain proof of delivery receipts.
- (i) When a provider delivers an item directly to the client or the client's authorized representative, the provider must be able to furnish proof of delivery, including ((signature,)) the signature of either the client or the provider, the client's name, and a detailed description of the item or items delivered.
- (ii) When a provider mails an item to the client, the provider must be able to furnish proof of delivery including a mail log.
- (iii) When a provider uses a delivery or shipping service to deliver items, the provider must be able to furnish proof of delivery and it must:
- (A) Include the delivery service tracking slip with the client's name or a reference to the client's package or packages; the delivery service package identification number; and the delivery address.
- (B) Include the supplier's shipping invoice, with the client's name; the shipping service package identification number; and a detailed description.
- (iv) Make proof of delivery receipts available to the agency upon request.
- (2) When billing drugs under the expedited authorization process, providers must insert the authorization number, which includes the corresponding criteria code or codes in the appropriate data field on the drug claim.
- (3) Pharmacy services for clients on restriction under WAC 182-501-0135 must be prescribed by the client's primary care provider and are paid only to the client's primary pharmacy, except in cases of:
  - (a) Emergency;
  - (b) Family planning services; or
- (c) Services properly referred from the client's assigned pharmacy or physician/ARNP.