



EXPEDITED RULE MAKING

CR-105 (December 2017) (Implements RCW 34.05.353)

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STATE OF WASHINGTON
FILED

DATE: June 23, 2023

TIME: 11:26 AM

WSR 23-14-023

Agency: Health Care Authority

Title of rule and other identifying information: (describe subject) WAC 182-550-1100, Hospital care – General; WAC 182-550-2750, Hospital discharge planning services; WAC 182-550-4700, Payment – Non-SCA participating hospitals; WAC 182-550-5425, Upper payment limit (UPL) payments for inpatient hospital services

Purpose of the proposal and its anticipated effects, including any changes in existing rules: Correct a typographical error and repeal rules that are no longer necessary

Reasons supporting proposal: The agency is amending WAC 182-550-2750 to correct a typographical error in a WAC reference. The rule references chapter 246-318 WAC; the correct citation is chapter 246-320 WAC. The agency is repealing WAC 182-550-4700 because the hospital selective contracting program to which it applies ended June 30, 2007. The agency is repealing WAC 182-550-5425 because the upper payment limit program to which it applies ended July 1, 2007. The agency is amending WAC 182-550-1100 by deleting subsection (3)(b) because it applies only to the agency's selective contracting program that ended June 30, 2007

Statutory authority for adoption: RCW 41.05.021, 41.05.160

Statute being implemented: RCW 41.05.021, 41.05.160

Is rule necessary because of a:

Federal Law?

☐ Yes

☒ No

Federal Court Decision?

☐ Yes

☒ No

State Court Decision?

☐ Yes

☒ No

If yes, CITATION:

Name of proponent: (person or organization) Health Care Authority

☐ Private

☐ Public

☒ Governmental

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting:	Brian Jensen	PO Box 42716, Olympia, WA 98504-2716	360-725-0815
Implementation:	Abby Cole	PO Box 45510, Olympia, WA 98504-5510	360-725-1835
Enforcement:	Abby Cole	PO Box 45510, Olympia, WA 98504-5510	360-725-1835

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None

Expedited Adoption - Which of the following criteria was used by the agency to file this notice:

- ☐ Relates only to internal governmental operations that are not subject to violation by a person;
- ☐ Adopts or incorporates by reference without material change federal statutes or regulations, Washington state statutes, rules of other Washington state agencies, shoreline master programs other than those programs governing shorelines of statewide significance, or, as referenced by Washington state law, national consensus codes that generally establish industry standards, if the material adopted or incorporated regulates the same subject matter and conduct as the adopting or incorporating rule;
- ☒ Corrects typographical errors, make address or name changes, or clarify language of a rule without changing its effect;
- ☐ Content is explicitly and specifically dictated by statute;
- ☐ Have been the subject of negotiated rule making, pilot rule making, or some other process that involved substantial participation by interested parties before the development of the proposed rule; or
- ☐ Is being amended after a review under RCW 34.05.328.

Expedited Repeal - Which of the following criteria was used by the agency to file notice:

- ☐ The statute on which the rule is based has been repealed and has not been replaced by another statute providing statutory authority for the rule;
- ☐ The statute on which the rule is based has been declared unconstitutional by a court with jurisdiction, there is a final judgment, and no statute has been enacted to replace the unconstitutional statute;
- ☒ The rule is no longer necessary because of changed circumstances; or
- ☐ Other rules of the agency or of another agency govern the same activity as the rule, making the rule redundant.

Explanation of the reason the agency believes the expedited rule-making process is appropriate pursuant to RCW 34.05.353(4): Corrects typographical error and repeals rules applicable to terminated programs

NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO

Name: HCA Rules Coordinator

Agency: Health Care Authority

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AND RECEIVED BY (date) September 6, 2023

Date: June 23, 2023

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



WAC 182-550-1100 Hospital care—General. (1) The medicaid agency:

(a) Pays for an eligible Washington apple health client's admission to a hospital only when the client's attending physician orders admission and when the admission and treatment provided:

(i) Are covered under WAC 182-501-0050, 182-501-0060 and 182-501-0065;

(ii) Are medically necessary as defined in WAC 182-500-0070;

(iii) Are determined according to WAC 182-501-0165 when prior authorization is required;

(iv) Are authorized when required under this chapter; and

(v) Meet applicable state and federal requirements.

(b) For hospital admissions, defines "attending physician" as the client's primary care provider, or the primary provider of care to the client at the time of admission.

(2) Medical record documentation of hospital services must meet the requirements in WAC 182-502-0020.

(3) The agency((÷

~~-(a-))~~ pays for a hospital covered service provided to an eligible apple health client enrolled in an agency-contracted managed care organization (MCO) plan, under the fee-for-service program if the service is excluded from the MCO's capitation contract with the agency and meets prior authorization requirements. (See WAC 182-550-2600 for inpatient psychiatric services.)

~~((b) Does not pay for nonemergency services provided to an apple health client from a nonparticipating hospital in a selective contracting area (SCA) unless exclusions in WAC 182-550-4700 apply. The agency's selective contracting program and selective contracting payment limitations end for hospital claims with dates of admission before July 1, 2007.))~~

(4) The agency pays up to 26 days of inpatient hospital care for hospital-based withdrawal management, medical stabilization, and drug treatment for chemical dependent pregnant clients eligible under the substance-using pregnant people (SUPP) program.

See WAC 182-533-0701 through 182-533-0730.

(5) The agency pays for inpatient hospital withdrawal management of acute alcohol or other drug intoxication when the services are provided to an eligible client:

(a) In a withdrawal management unit in a hospital that has a withdrawal management provider agreement with the agency to perform these services and the services are approved by the division of behavioral health and recovery (DBHR) within the health care authority (HCA); or

(b) In an acute hospital and all the following criteria are met:

(i) The hospital does not have a withdrawal management specific provider agreement with DBHR;

(ii) The hospital provides the care in a medical unit;

(iii) Nonhospital-based withdrawal management is not medically appropriate for the client;

(iv) The client does not require medically necessary inpatient psychiatric care and it is determined that an approval from the agency or the agency's designee as an inpatient stay is not indicated;

- (v) The client's stay qualifies as an inpatient stay;
 - (vi) The client is not participating in the agency's substance-using pregnant people (SUPP) program; and
 - (vii) The client's principal diagnosis meets the agency's medical inpatient withdrawal management criteria listed in the agency's published billing instructions.
- (6) The agency covers medically necessary dental-related services provided to an eligible client in a hospital-based dental clinic when the services:
- (a) Are provided under chapter 182-535 WAC; and
 - (b) Are billed on the American Dental Association (ADA) or health care financing administration (HCFA) claim form.
- (7) The agency pays a hospital for covered dental-related services, including oral and maxillofacial surgeries, that are provided in the hospital's operating room, when:
- (a) The covered dental-related services are medically necessary and provided under chapter 182-535 WAC;
 - (b) The covered dental-related services are billed on a UB claim form; and
 - (c) At least one of the following is true:
 - (i) The dental-related service(s) is provided to an eligible apple health client on an emergency basis;
 - (ii) The client is eligible under the division of developmental disability program;
 - (iii) The client is age eight or younger; or
 - (iv) The dental service is prior authorized by the agency.
- (8) For inpatient voluntary or involuntary psychiatric admissions, see WAC 182-550-2600.

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

WAC 182-550-2750 Hospital discharge planning services. For discharge planning service requirements, see chapter ((246-318)) 246-320 WAC.

REPEALER

The following sections of the Washington Administrative Code are repealed:

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| WAC 182-550-4700 | Payment—Non-SCA participating hospitals. |
| WAC 182-550-5425 | Upper payment limit (UPL) payments for inpatient hospital services. |