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FILED

DATE: July 16, 2020

WSR 20-15-107

TIME: 11:10 AM

STATE OF HASHING

RULE-MAKING ORDER EMERGENCY RULE ONLY

CR-103E (December 2017) (Implements RCW 34.05.350 and 34.05.360)

| Agency: Health Care Authority | | | | | |
|---|--|--|--|--|--|
| Effective date of rule: | | | | | |
| Emergency Rules | | | | | |
| Immediately upon filing. | | | | | |
| Later (specify) | | | | | |
| Any other findings required by other provisions of I | law as precondition to adoption or effectiveness of rule? | | | | |
| Purpose: The Health Care Authority is revising this sec from the Medicaid client or the client's designee upon d | ction to temporarily eliminate the requirement for date and signature delivery of medical equipment and supplies. | | | | |
| Citation of rules affected by this order: New: Repealed: Amended: 182-543-2200 Suspended: | | | | | |
| Statutory authority for adoption: RCW 41.05.021, RC | CW 41.05.160 | | | | |
| Other authority: | | | | | |
| safety, or general welfare, and that observing the adoption of a permanent rule would be contrary. That state or federal law or federal rule or a federal adoption of a rule. Reasons for this finding: In response to the current provide disease 2019 (COVID-19) along with the Governor of W | eal of a rule is necessary for the preservation of the public health, the time requirements of notice and opportunity to comment upon | | | | |
| | eft blank, it will be calculated as zero. | | | | |
| | y, from the WAC number through the history note. ounted in more than one category. | | | | |
| The number of sections adopted in order to comply | / with: | | | | |
| Federal statute: | New Amended Repealed | | | | |
| Federal rules or standards: | New Amended Repealed | | | | |
| Recently enacted state statutes: | New Amended Repealed | | | | |

| The number of sections adopted at the request of a nongovernmental entity: | | | | | |
|--|-----|------------------|----------|--|--|
| | New | Amended | Repealed | | |
| | | | | | |
| The number of sections adopted on the agency's own initiative: | | | | | |
| | New | Amended | Repealed | | |
| The number of sections adopted in order to clarify, streamline, or reform agency procedures: | | | | | |
| | New | Amended <u>1</u> | Repealed | | |
| The number of sections adopted using: | | | | | |
| Negotiated rule making: | New | Amended | Repealed | | |
| Pilot rule making: | New | Amended | Repealed | | |
| Other alternative rule making: | New | Amended <u>1</u> | Repealed | | |
| Date Adopted: July 16, 2020 Signature: | | | | | |
| Name: Wendy Barcus | | Ibael | Baraus | | |
| Title: HCA Rules Coordinator | | , | 8 | | |

AMENDATORY SECTION (Amending WSR 18-24-021, filed 11/27/18, effective 1/1/19)

WAC 182-543-2200 Proof of delivery. (1) When a provider delivers an item directly to the client or the client's authorized representative, the provider must furnish the proof of delivery when the medicaid agency requests that information. All of the following apply:

(a) The agency requires a delivery slip as proof of delivery. The proof of delivery slip must:

(i) ((Be signed and dated by the client or the client's authorized representative (the date of signature must be the date the item was received by the client);

(ii)) Include the client's name and a detailed description of the item(s) delivered, including the quantity and brand name; and

(((iii))) <u>(ii)</u> For medical equipment that may require future repairs, include the serial number.

(b) When the provider or supplier submits a claim for payment to the agency, the date of service on the claim must be one of the following:

(i) For a one-time delivery, the date the item was received by the client or the client's authorized representative; or

(ii) For nondurable medical supplies for which the agency has established a monthly maximum, on or after the date the item was received by the client or the client's authorized representative.

(2) When a provider uses a delivery/shipping service to deliver items which are not fitted to the client, the provider must furnish proof of delivery that the client received the equipment and/or supply, when the agency requests that information.

(a) If the provider uses a delivery/shipping service, the tracking slip is the proof of delivery. The tracking slip must include:

(i) The client's name or a reference to the client's package or packages;

(ii) The delivery service package identification number; and

(iii) The delivery address.

(b) If the provider/supplier does the delivering, the delivery slip is the proof of delivery. The delivery slip must include:

(i) The client's name;

(ii) The shipping service package identification number;

(iii) The quantity, detailed description(s), and brand name or names of the items being shipped; and

(iv) For medical equipment that may require future repairs, the serial number.

(c) When billing the agency, use:

(i) The shipping date as the date of service on the claim if the provider uses a delivery/shipping service; or

(ii) The actual date of delivery as the date of service on the claim if the provider/supplier does the delivery.

(3) A provider must not use a delivery/shipping service to deliver items which must be fitted to the client.

(4) Providers must obtain prior authorization when required before delivering the item to the client. The item must be delivered to the client before the provider bills the agency.

(5) The agency does not pay for medical equipment and related items furnished to the agency's clients when:

(a) The medical professional who provides medical justification to the agency for the item provided to the client is an employee of,

has a contract with, or has any financial relationship with the provider of the item; or

(b) The medical professional who performs a client evaluation is an employee of, has a contract with, or has any financial relationship with a provider of medical equipment and related items.