



# PREPROPOSAL STATEMENT OF INQUIRY

**CR-101 (June 2004)**  
(Implements RCW 34.05.310)  
Do **NOT** use for expedited rule making

**Agency:** Health Care Authority, Medicaid Program

**Subject of possible rule making:**

New Sections in Chapter 182-550, Hospital Services

And possibly other rules as appropriate

**Statutes authorizing the agency to adopt rules on this subject:** RCW 41.05.021, RCW 74.60; Chapter 30, Laws of 2010 (ESSHB 2956); and Chapter 35, Laws of 2011 (EHB 2069)

**Reasons why rules on this subject may be needed and what they might accomplish:** The Health Care Authority (Agency) is implementing a safety net assessment on certain Washington hospitals. The Agency will use the assessment solely to augment funding from all other sources and thereby obtain additional funds to restore recent reductions and to support additional payments to hospitals for medicaid services. The hospital safety net assessment and hospital safety net assessment fund will allow the state to generate additional federal financial participation for the medicaid program and provide for increased reimbursement to hospitals. During the course of this review, the Agency may identify additional changes that are required in order to improve clarity or update policy.

**Identify other federal and state agencies that regulate this subject and the process coordinating the rule with these agencies:**

**Process for developing new rule (check all that apply):**

- Negotiated rule making
- Pilot rule making
- Agency study
- Other (describe)

HCA welcomes the public to take part in developing the rules. Anyone interested should contact the staff person identified below. At a later date, HCA will file a notice of proposed rule-making (CR-102) with the Office of the Code Reviser. A copy of the proposal will be sent to everyone on the mailing list and to anyone who requests a copy.

**How interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication:**

(List names, addresses, telephone, fax numbers, and e-mail of persons to contact; describe meetings, other exchanges of information, etc.)

**Contact:**

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**DATE**  
May 21, 2012

**NAME (TYPE OR PRINT)**  
Kevin M. Sullivan

**SIGNATURE**

*Kevin M. Sullivan*

**TITLE**  
HCA Rules Coordinator

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STATE OF WASHINGTON  
FILED

**DATE: May 21, 2012**

**TIME: 4:21 PM**

**WSR 12-11-102**