



# PROPOSED RULE MAKING

## CR-102 (June 2012)

(Implements RCW 34.05.320)

Do NOT use for expedited rule making

Agency: Health Care Authority, Washington Apple Health

- Preproposal Statement of Inquiry was filed as WSR 15-09-051 ; or
- Expedited Rule Making--Proposed notice was filed as WSR \_\_\_\_\_ ; or
- Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).

- Original Notice
- Supplemental Notice to WSR \_\_\_\_\_
- Continuance of WSR \_\_\_\_\_

**Title of rule and other identifying information:**

WAC 182-500-0070, Medical assistance definition – M.

**Hearing location(s):**

Health Care Authority  
Cherry Street Plaza Building; Sue Crystal Conf Rm 106A  
626 - 8<sup>th</sup> Avenue, Olympia WA 98504

Metered public parking is available street side around building. A map is available at:  
[http://www.hca.wa.gov/documents/directions\\_to\\_csp.pdf](http://www.hca.wa.gov/documents/directions_to_csp.pdf)  
or directions can be obtained by calling: 360-725-1000

Date: January 26, 2016 Time: 10:00 a.m.

**Date of intended adoption:** Not sooner than January 27, 2016,  
(Note: This is **NOT** the effective date)

**Submit written comments to:**

Name: HCA Rules Coordinator  
Address: PO Box 45504, Olympia WA, 98504-5504  
Delivery: 626 – 8<sup>th</sup> Avenue, Olympia WA 98504  
e-mail [arc@hca.wa.gov](mailto:arc@hca.wa.gov)  
fax (360) 586-9727

by: **5:00 PM on January 26, 2016**

**Assistance for persons with disabilities:** Contact  
Amber Lougheed by January 22, 2016  
e-mail: [amber.lougheed@hca.wa.gov](mailto:amber.lougheed@hca.wa.gov) or (360) 725-1349  
  
TTY (800) 848-5429 or 711

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:**

The agency is striking the definition for “Medical assistance administration,” adding definitions for “Medicaid agency” and Medically needy income level, and making other changes to improve clarity.

**Reasons supporting proposal:** To provide readers with current and accurate information.

**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:

**DATE**  
December 22, 2015

**NAME** (type or print)  
Wendy Barcus

**SIGNATURE**

**TITLE**  
HCA Rules Coordinator

**CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE: December 22, 2015**

**TIME: 1:48 PM**

**WSR 16-01-178**

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

**Name of proponent:** Health Care Authority

- Private
- Public
- Governmental

**Name of agency personnel responsible for:**

Name	Office Location	Phone
Drafting..... Melinda Froud	P.O. Box 42716, Olympia WA 98504-2716	(360) 725-1408
Implementation....Ann Myers	P.O. Box 42716, Olympia WA 98504-2716	(360) 725-1345
Enforcement.....Ann Myers	P.O. Box 42716, Olympia WA 98504-2716	(360) 725-1345

**Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?**

Yes. Attach copy of small business economic impact statement or school district fiscal impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone ( ) \_\_\_\_\_

fax ( ) \_\_\_\_\_

e-mail \_\_\_\_\_

No. Explain why no statement was prepared.

The proposed filing does not create a disproportionate impact on small businesses.

**Is a cost-benefit analysis required under RCW 34.05.328?**

Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name:

Address:

phone ( ) \_\_\_\_\_

fax ( ) \_\_\_\_\_

e-mail \_\_\_\_\_

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.

**WAC 182-500-0070 Medical assistance definitions—M. "Medicaid"** ~~((is))~~ means the federal medical aid program under Title XIX of the Social Security Act ~~((under which))~~ that provides health care ~~((is provided))~~ to eligible persons.

**"Medicaid agency"** means the state agency that administers the medicaid program. The Washington state health care authority (HCA) is the state's medicaid agency.

**"Medical assistance"** is the term the agency and its predecessors ~~((used prior to the implementation of the Affordable Care Act in Washington state))~~ use to mean all federal ~~((and/or))~~ or state-funded health care programs, or both, administered by the agency or its ~~((designee that are now known))~~ designees. Medical assistance programs are referred to as Washington apple health (WAH).

~~((**"Medical assistance administration (MAA)"** is the former organization within the department of social and health services authorized to administer the federally funded and/or state-funded health care programs that are now administered by the agency, formerly the medicaid purchasing administration (MPA), of the health and recovery services administration (HRSA).))~~

**"Medical care services (MCS)"** means the limited scope health care program financed by state funds for clients ~~((who meet the incapacity criteria defined in chapter 182-508 WAC or))~~ who are eligible for the ~~((Alcohol and Drug Addiction Treatment and Support Act (ADATSA) program))~~ aged, blind, or disabled (ABD) cash assistance or the housing and essential needs (HEN) referral program and not eligible for other WAH programs due to their citizenship or immigration status.

**"Medical consultant"** means a physician employed by or contracted ~~((by))~~ with the agency or the agency's designee.

**"Medical facility"** means a medical institution or clinic that provides health care services.

**"Medical institution"** See "institution" in WAC 182-500-0050.

**"Medical services card" or "services card"** means the card ~~((issued by))~~ the agency issues at the initial approval of a person's ~~((Washington apple health (-))WAH((+))~~ benefit. The card identifies the person's name and medical services identification number ~~((τ))~~ but is not proof of WAH eligibility ~~((for WAH))~~. The card may be replaced upon request if it is lost or stolen, but is not required to access health care through WAH.

**"Medically necessary"** is a term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purposes of this section, "course of treatment" may include mere observation or, where appropriate, no medical treatment at all.

**"Medically needy (MN)" or "medically needy program (MNP)"** ~~((is))~~ means the state ~~((-))~~ and federally funded health care program available to ~~((specific groups of persons))~~ people who would be eligible as categorically needy (CN), except their monthly income is above the CN

standard. Some long-term care clients with income ((and/or)) or resources above the CN standard may also qualify for MN.

**"Medically needy income level (MNIL)"** means the standard the agency uses to determine eligibility under the medically needy program. See WAC 182-519-0050.

**"Medicare"** ((is the federal government health insurance program for certain aged or disabled persons under Titles II and XVIII of the Social Security Act. Medicare has four parts:

(1) **"Part A"** — Covers medicare inpatient hospital services, post-hospital skilled nursing facility care, home health services, and hospice care.

(2) **"Part B"** — The supplementary medical insurance benefit (SMIB) that covers medicare doctors' services, outpatient hospital care, outpatient physical therapy and speech pathology services, home health care, and other health services and supplies not covered under Part A of medicare.

(3) **"Part C"** — Covers medicare benefits for clients enrolled in a medicare advantage plan.

(4) **"Part D"** — The medicare prescription drug insurance benefit.)) means the medical aid program under Titles II and XVIII of the Social Security Act.

**"Medicare assignment"** means the process by which a provider agrees to provide services to a medicare ((beneficiary)) client and accept medicare's payment for the services.

**"Medicare cost-sharing"** means out-of-pocket medical expenses related to services provided by medicare. For ((medical assistance)) WAH clients ((who are)) enrolled in medicare, cost-sharing may include Part A and Part B premiums, co-insurance, deductibles, and copayments for medicare services. See chapter 182-517 WAC ((for more information)).

**"Minimum essential coverage"** means coverage ((defined in Section 5000A(f) of Subtitle D of the Internal Revenue Code of 1986, as added by Section 1401 of the Affordable Care Act)) under 26 U.S.C. Sec. 5000A(f).

**"Modified adjusted gross income (MAGI)"** means the adjusted gross income ((+)) as determined by the Internal Revenue Service under the Internal Revenue Code of 1986 (IRC)((+)) increased by:

(1) Any amount excluded from gross income under ((Section 911 of the IRC)) 26 U.S.C. Sec. 911;

(2) Any amount of interest received or accrued by the ((taxpayer)) client during the taxable year which is exempt from tax; and

(3) Any amount of Title II Social Security income or Tier 1 railroad retirement ((income which is)) benefits excluded from gross income under ((Section 86 of the IRC. See WAC 182-509-0300 through 182-509-0375 for additional rules regarding MAGI)) 26 U.S.C. Sec. 86. See chapter 182-509 WAC.