

Complaint form

Provider in non-compliance with Cascade Select contracting rules

Engrossed Second Substitute Senate Bill 5377 and the related rules in [WAC 182-400-0100](#) provide that, “In accordance with RCW 41.05.405, beginning in plan year 2023, a hospital that receives payments through a medical assistance program under chapter 74.09 RCW, or a public employees benefits board (PEBB) or a school employees benefits board (SEBB) program under chapter 41.05 RCW must contract with at least one carrier offering public option plans to provide in-network coverage to enrollees, if the hospital received a valid offer to contract with a carrier offering public option plans to provide in-network services.”

A violation of these rules may result in an investigation by the Washington State Health Care Authority (HCA) under [WAC 182-400-0300](#).¹ After an investigation, if, in HCA’s sole discretion, HCA determines that a hospital failed to accept a valid offer to contract from a carrier, and is not contracted with any other Cascade Select (public option) plan for that plan year, the sanction amount for that plan year is as follows:

- For hospitals with 50 beds or fewer, \$182,500; or
- For hospitals with more than 50 beds, \$3,650 per bed.

Please complete this form to submit a complaint about a hospital licensed under [70.41 RCW](#) that has failed to contract with a Cascade Select carrier to provide in-network coverage to enrollees of the carrier's Cascade Select plans after making a valid offer to contract. Note, this rule does not apply to a hospital owned and operated by a health maintenance organization licensed under chapter [48.46.020 RCW](#).

1

Your contact information

First name

Last name

Business affiliation (if any)

Street address

City

State

Zipcode

2

Provider or hospital contact information

Please enter the contact information for the provider or hospital you are filing a complaint against.

Name

Street address

City

State

Zipcode

Email (if known)

Phone (if known)

¹ A party may appeal a sanction notice under [WAC 182-400-0400](#).

1. Does the hospital you are issuing a complaint against have more than 50 beds?

Yes

No

Unknown

2. Please describe the hospital's failure to comply with Cascade Select contracting rules in WAC 182-400-0100(3).

3. Please describe all known attempts to contract with the provider, including the dates of the attempts and the dates the provider refused to contract or response(s) from provider.

⚠ Please attach all supporting documents, such as copies of emails, any draft contracts sent to the provider, etc.

4

Sign and submit

By adding my name and date below, I declare the information contained on this form is true and accurate.

Signature

Date

Once completed, please email this form and supporting documents to HCAAppeals@hca.wa.gov. Examples of supporting documents may include email communications attempting to contract with the provider, provider's response(s) to your email communications attempting to contract, contracts sent to the provider, and other documents you wish to share related to this complaint.