

**Title 182 WAC
HEALTH CARE AUTHORITY**

Chapters

- 182-13 State resident—Medicare supplement.**
- 182-20 Standards for community health clinics.**

Chapter 182-13 WAC

STATE RESIDENT—MEDICARE SUPPLEMENT

WAC

182-13-010	Purpose.
182-13-020	Definitions.
182-13-030	Eligibility.
182-13-040	Application for Medicare supplement coverage.

WAC 182-13-010 Purpose. The purpose of this chapter is to establish criteria for state residents for participation in Medicare supplement coverage available through the HCA.

[Statutory Authority: RCW 41.05.197. 95-07-011, § 182-13-010, filed 3/3/95, effective 4/3/95.]

WAC 182-13-020 Definitions. Unless otherwise specifically provided, the definitions contained in this section apply throughout this chapter.

(1) "HCA" means the Washington state health care authority.

(2) "Health plan," or "plan" means any individual or group: Policy, agreement, or other contract providing coverage for medical, surgical, hospital, or emergency care services, whether issued, or issued for delivery, in Washington or any other state. "Health Plan" or "plan" also includes self-insured coverage governed by the federal Employee Retirement Income Security Act, coverage through the Health Insurance Access Act as described in chapter 48.41 RCW, coverage through the Basic Health Plan as described in chapter 70.47 RCW, and coverage through the Medicaid program as described in Title 74 RCW. "Health plan" or "plan" does not mean or include: Hospital confinement indemnity coverage as described in WAC 284-50-345; disability income protection coverage as described in WAC 284-50-355; accident only coverage as described in WAC 284-50-360; specified disease and specified accident coverage as described in WAC 284-50-365; limited benefit health insurance coverage as described in WAC 284-50-370; long-term care benefits as described in chapter 48.84 RCW; or limited health care coverage such as dental only, vision only, or chiropractic only.

(3) "Lapse in coverage" means a period of time greater than ninety continuous days without coverage by a health plan.

(4) "Resident" means a person who demonstrates that he/she lives in the state of Washington at the time of application for, and issuance of coverage.

[Statutory Authority: RCW 41.05.197. 95-07-011, § 182-13-020, filed 3/3/95, effective 4/3/95.]

WAC 182-13-030 Eligibility. Residents are eligible to apply for Medicare supplement coverage arranged by the HCA when they are:

- (1) Eligible for Parts A and B of Medicare, and
- (2) Actually enrolled in both Parts A and B of Medicare not later than the effective date of Medicare supplement coverage.

[Statutory Authority: RCW 41.05.197. 95-07-011, § 182-13-030, filed 3/3/95, effective 4/3/95.]

WAC 182-13-040 Application for Medicare supplement coverage. Residents meeting eligibility requirements may apply for Medicare supplement coverage arranged by the HCA:

- (1) During the initial open enrollment period of January 1 through June 30, 1995, or
- (2) Within sixty days after becoming a resident, or
- (3) In the thirty day period before the resident becomes eligible for Medicare, or
- (4) Within sixty days of retirement, or
- (5) During any open enrollment period established by federal or state law, or
- (6) During any open enrollment period established by the HCA subsequent to the initial open enrollment period provided that the applicant is replacing a health plan with no lapse in coverage.

[Statutory Authority: RCW 41.05.197. 95-07-011, § 182-13-040, filed 3/3/95, effective 4/3/95.]

Chapter 182-20 WAC

STANDARDS FOR COMMUNITY HEALTH CLINICS

WAC

182-20-001	Purpose.
182-20-010	Definitions.
182-20-100	Administration.
182-20-130	Application for funds.
182-20-160	Eligibility.
182-20-200	Allocation of state funds.
182-20-300	Dispute resolution procedures.
182-20-320	Audit review.
182-20-400	Limitations on awards.

WAC 182-20-001 Purpose. The purpose of this chapter is to establish procedures for determining eligibility and distribution of funds for medical, dental, and migrant services to community health clinics under section 214(3), chapter 19, Laws of 1989 1st ex. sess., including other state general fund appropriations for medical, dental, and migrant services in community health clinics since 1985.

[Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-001, filed 5/26/95, effective 6/26/95.]

WAC 182-20-010 Definitions. For the purposes of these rules, the following words and phrases shall have these meanings unless the context clearly indicates otherwise.

- (1) "Community health clinic" means a public or private nonprofit tax exempt corporation with the mission of providing primary health care to low income individuals at a charge based upon ability to pay.

(2) "Authority" means the Washington state health care authority.

(3) "Encounter" means a face-to-face contact between a patient and a health care provider exercising independent judgment, providing primary health care, and documenting the care in the individual's health record.

(4) "Health care provider" means any person having direct or supervisory responsibility for the delivery of health care including:

- (a) Physicians under chapters 18.57 and 18.71 RCW;
- (b) Dentists under chapter 18.32 RCW;
- (c) Advanced registered nurse practitioner under chapter 18.88 RCW;
- (d) Physician's assistant under chapters 18.71A and 18.57A RCW;
- (e) Dental hygienist under chapter 18.29 RCW;
- (f) Licensed midwife under chapter 18.50 RCW;
- (g) Federal uniformed service personnel lawfully providing health care within Washington state.

(5) "Low-income individual" means a person with income at or below two hundred percent of federal poverty level. The poverty level has been established by Public Law 97-35 § 652 (codified at 42 USC 9847), § 673(2) (codified at 42 USC 9902 (2)) as amended; and the *Poverty Income Guideline* updated annually in the *Federal Register*.

(6) "Primary health care" means a basic level of preventive and therapeutic medical and/or dental care, usually delivered in an outpatient setting, and focused on improving and maintaining the individual's general health.

(7) "Relative value unit" means a standard measure of performance based upon time to complete a clinical procedure. The formula is one unit equals ten minutes. A table is available from the authority stating the actual values.

(8) "Administrator" means the administrator of the health care authority or the administrator's designee.

(9) "User" means an individual having one or more primary health care encounters and counted only once during a calendar year.

[Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-010, filed 5/26/95, effective 6/26/95.]

WAC 182-20-100 Administration. The authority shall contract with community health clinics to provide primary health care in the state of Washington by:

- (1) Developing criteria for the selection of community health clinics to receive funding;
- (2) Establishing statewide standards governing the granting of awards and assistance to community health clinics;
- (3) Disbursing funds appropriated for community health clinics only to those clinics meeting the criteria in WAC 182-20-160;
- (4) Distributing available state funds to community health clinics according to the following priority in the order listed:
 - (a) First, to community health clinics that are private, nonprofit corporations classified exempt under Internal Revenue Service Rule 501 (c)(3) when governed by a board of directors including representatives from the populations served;

(b) Second, to local health jurisdictions with an organized primary health clinic or division;

(c) Third, to private nonprofit or public hospitals with an organized primary health clinic or department.

(5) Reviewing records and conducting on-site visits of contractors as necessary to assure compliance with these rules; and

(6) Withholding funding from a contractor until such time as satisfactory evidence of corrective action is received and approved by the authority, if the authority determines:

- (a) Noncompliance with applicable state law or rule; or
- (b) Noncompliance with the contract; or
- (c) Failure to provide such records and data required by the authority to establish compliance with section 214(3), chapter 19, Laws of 1989 1st ex. sess., this chapter, and the contract; or
- (d) The contractor or applicant provided inaccurate information in the application.

[Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-100, filed 5/26/95, effective 6/26/95.]

WAC 182-20-130 Application for funds. (1) The authority shall, upon request, supply a prospective applicant with an application kit for a contract requesting information as follows:

- (a) Include in the application a request for information as follows:
 - (i) The applicant's name, address, and telephone number;
 - (ii) A description of the primary health care provided;
 - (iii) A brief statement of intent to apply for funds;
 - (iv) The signature of the agency's authorized representative;
 - (v) Description of the nature and scope of services provided or planned;
 - (vi) Evidence of a current financial audit establishing financial accountability; and
 - (vii) A description of how the applicant meets eligibility requirements under WAC 182-20-160;
- (b) Notify existing contractors at least ninety days in advance of the date a new contract application is due to the authority;

(c) Review completed application kits for evidence of compliance with this section;

- (d) Develop procedures for:
 - (i) Awarding of funds for new contractors, special projects, and emergency needs of existing contractors; and
 - (ii) Notifying existing and prospective contractors of procedures and application process.

- (2) The applicant shall:
 - (a) Complete the application on standard forms provided or approved by the authority; and
 - (b) Return the completed application kit to the authority by the specified due date.

[Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-130, filed 5/26/95, effective 6/26/95.]

WAC 182-20-160 Eligibility. Applicants shall:

(1) Demonstrate private, nonprofit, tax exempt status incorporated in Washington state or public agency status under the jurisdiction of a local or county government;

(2) Receive other funds from at least one of the following sources:

- (a) Section 329 of the Public Health Services Act;
- (b) Section 330 of the Public Health Services Act;
- (c) Community development block grant funds;
- (d) Title V Urban Indian Health Service funds; or
- (e) Other public or private funds providing the clinic demonstrates:

(i) Fifty-one percent of total clinic population are low income;

(ii) Fifty-one percent or greater of funds come from sources other than programs under WAC 182-20-160;

(3) Operate as a community health clinic providing primary health care for at least eighteen months prior to applying for funding;

(4) Provide primary health care services with:

(a) Twenty-four-hour coverage of the clinic including provision or arrangement for medical and/or dental services after clinic hours;

(b) Direct clinical services provided by one or more of the following:

(i) Physician licensed under chapters 18.57 and 18.71 RCW;

(ii) Physician's assistant licensed under chapters 18.71A and 18.57A RCW;

(iii) Advanced registered nurse practitioner under chapter 18.88 RCW;

(iv) Dentist under chapter 18.32 RCW;

(c) Provision or arrangement for services as follows:

(i) Preventive health services on-site or elsewhere including:

(A) Eye and ear examinations for children;

(B) Perinatal services;

(C) Well-child services; and

(D) Family planning services;

(ii) Diagnostic and treatment services of physicians and where feasible a physician's assistant and/or advanced registered nurse practitioner, on-site;

(iii) Services of a dental professional licensed under Title 18 RCW on-site or elsewhere;

(iv) Diagnostic laboratory and radiological services on-site or elsewhere;

(v) Emergency medical services on-site or elsewhere;

(vi) Arrangements for transportation services;

(vii) Preventive dental services on-site or elsewhere; and

(viii) Pharmaceutical services, as appropriate, on-site or elsewhere;

(5) Demonstrate eligibility to receive and receipt of reimbursement from:

(a) Public insurance programs; and

(b) Public assistant programs, where feasible and possible;

(6) Have established a sliding scale fee schedule for adjustment of charges, based upon the individual's ability to pay for low-income individuals;

(7) Provide health care regardless of the individual's ability to pay; and

(8) Establish policies and procedures reflecting sensitivity to cultural and linguistic differences of individuals served

and provide sufficient staff with the ability to communicate with the individuals.

[Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-160, filed 5/26/95, effective 6/26/95.]

WAC 182-20-200 Allocation of state funds. The authority shall allocate available funds to medical, dental and migrant contractors providing primary health care based on the following criteria:

(1) **Medical.**

(a) The authority may withhold appropriated funds as follows:

(i) As specified under law or up to ten percent to provide funding for new contractors, special projects, and emergency needs:

(A) With distribution of any remaining portion of this ten percent among contractors by April 1 of each year;

(B) Prorated according to the percentage of total medical contract funds distributed to each contractor;

(ii) Up to ten percent for administration.

(b) The remainder of the appropriated funds is referred to as the "medical base." The medical base means the total amount of money appropriated by the legislature for the medical program minus the amounts specified in (a)(i) and (ii) of this subsection. The medical base is distributed to medical contractors based upon the following formulas:

(i) The medical base is distributed to medical contractors based upon the following formula until June 30, 1995:

(A) Forty percent of the medical base is distributed equally among all medical contractors;

(B) Thirty percent of the medical base is distributed by the ratio of the contractor's primary health care (PHC) medical users divided by the total medical sliding fee users of all contractors as reported in the prior calendar year annual reports.

individual contractor's medical users

_____ X 30% medical base

total of all contractors' medical users

(C) Thirty percent of the medical base is distributed by the ratio of the contractor's primary health care (PHC) medical encounters by the total number of medical encounters reported by all contractors as reported in the prior calendar year annual reports.

individual contractor's medical encounters

_____ X 30% medical base

total of all contractors' medical encounters

(ii) Starting July 1, 1995, the medical base is distributed to medical contractors based upon the following formula:

(A) Forty percent of the medical base is distributed equally among all medical contractors;

(B) Sixty percent of the medical base is distributed by the ratio of the contractor's primary health care (PHC) medical sliding fee users divided by the total medical sliding fee users of all contractors as reported in the prior calendar year annual reports.

individual contractor's medical sliding fee users

_____ X 60% medical base

total of all contractors' medical sliding fee users

(iii) Starting July 1, 1996, the medical base is distributed to medical contractors based upon the following formula:

(A) Forty percent of the medical base is distributed equally among all medical contractors;

(B) Thirty percent of the medical base is distributed by the ratio of the contractor's primary health care (PHC) medical sliding fee users divided by the total medical users of all contractors as reported in the prior calendar year annual reports.

individual contractor's medical sliding fee users / total of all contractors' medical sliding fee users X 30% medical base

(C) Thirty percent of the medical base is distributed by the ratio of the contractor's primary health care (PHC) medical sliding fee encounters by the total number of medical sliding fee encounters reported by all contractors as reported in the prior calendar year annual reports.

individual contractor's medical sliding fee encounters / total of all contractors' medical sliding fee encounters X 30% medical base

(2) Dental.

(a) The authority may withhold appropriated funds as follows:

(i) As specified under law or up to ten percent of appropriated funds to provide funding for new contractors, special projects, and emergency needs:

(A) With distribution of any remaining portion of this ten percent among contractors by April 1 of each year;

(B) Prorated according to the percentage of total dental contract funds distributed to each contractor.

(ii) Up to ten percent for administration.

(b) The remainder of the funds is referred to as the dental base. The dental base means the total amounts appropriated by the legislature for dental programs minus the amounts specified in (a)(i) and (ii) of this subsection and as follows:

(i) The dental base is distributed to dental contractors based upon the following formula until June 30, 1995:

(A) Forty percent of the dental base distributed equally among all dental contractors;

(B) Thirty percent of the dental base distributed by the ratio of contractor primary health care (PHC) medical users divided by the total medical users of all contractors as reported in the prior calendar year annual reports.

individual contractor's medical users / total of all contractors' users X 30% dental base

(C) Thirty percent of the dental base is distributed by the ratio of the contractor's relative value units (RVU) divided by the total relative value units of all contractors as reported in the prior calendar year annual reports.

individual contractor's RVU / total of all contractors' RVU X 30% dental base

(ii) Starting July 1, 1995, the dental base is distributed to dental contractors based upon the following formula:

(A) Forty percent of the dental base is distributed equally among all dental contractors;

(B) Sixty percent of the dental base is distributed by the ratio of the contractor's primary health care (PHC) dental sliding fee users divided by the total dental sliding fee users

of all contractors as reported in the prior calendar year annual reports.

individual contractor's dental sliding fee users / total of all contractors' dental sliding fee users X 60% dental base

(iii) Starting July 1, 1996, the dental base is distributed to dental contractors based upon the following formula:

(A) Forty percent of the dental base is distributed equally among all dental contractors;

(B) Thirty percent of the dental base is distributed by the ratio of the contractor's primary health care (PHC) dental sliding fee users divided by the total dental sliding fee users of all contractors as reported in the prior calendar year annual reports.

individual contractor's dental sliding fee users / total of all contractors' dental sliding fee users X 30% dental base

(C) Thirty percent of the dental base is distributed by the ratio of the contractor's primary health care (PHC) dental sliding fee relative value units (RVU) divided by the total number of dental sliding fee relative value units (RVU) reported by all contractors as reported in the prior calendar year annual reports.

individual contractor's dental sliding fee RVUs / total of all contractors' dental sliding fee RVUs X 30% dental base

(3) Migrant.

(a) The authority may withhold appropriated funds as follows:

(i) As specified under law or up to ten percent to provide funding for new contractors, special projects, and emergency needs:

(A) With distribution of any remaining portion of this ten percent among contractors by April 1 of each year;

(B) Prorated according to the percentage of total migrant contract funds distributed to each contractor.

(ii) Up to ten percent for administration.

(b) The remainder of the appropriated funds is referred to as the "migrant base." The migrant base means the total amount of money appropriated by the legislature for the migrant program minus the amounts specified in (a)(i) and (ii) of this subsection. The migrant base is distributed to migrant contractors based upon the following formula:

The migrant base is distributed to migrant contractors based upon the following formula starting July 1, 1995: One hundred percent of the migrant base is distributed by the ratio of the contractor's primary health care (PHC) migrant users divided by the total migrant users of all contractors as reported in the prior calendar year annual reports.

individual contractor's migrant users / total of all contractors' migrant users X 100% migrant base

[Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-200, filed 5/26/95, effective 6/26/95.]

WAC 182-20-300 Dispute resolution procedures. The authority shall define dispute resolution procedures in the contract which shall be the exclusive remedy and shall be binding and final to all parties.

[Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-300, filed 5/26/95, effective 6/26/95.]

WAC 182-20-320 Audit review. Contractors shall:

(1) Maintain books, records, documents, and other materials relevant to the provision of goods or services adequate to document the scope and nature of the goods or services provided;

(2) Make the materials in subsection (1) of this section available at all reasonable times with prior notice for inspection by the authority;

(3) Retain these materials for at least three years after the initial contract with the authority;

(4) Provide access to the facilities at all reasonable times with prior notice for on-site inspection by the authority; and

(5) Submit annual reports consistent with the instructions of the authority.

[Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-320, filed 5/26/95, effective 6/26/95.]

WAC 182-20-400 Limitations on awards. Specific to the medical, dental, and migrant base as referenced in WAC 182-20-200 (1)(b), (2)(b), and (3)(b):

(1) Until June 30, 1995:

(a) Any approved contractor shall initially receive no more than one hundred ten percent of that contractor's previous year's initial allotment.

(b) Any approved contractor shall initially receive no less than ninety percent of that contractor's previous year's initial allotment. In the event that funding is inadequate to provide ninety percent, criteria shall be established to equitably allocate the available funds.

(c) Funds in excess of the initial allocation shall be distributed in a supplemental allotment pursuant to WAC 182-20-200.

(2) Between July 1, 1995, and June 30, 1996:

(a) Any approved contractor shall initially receive no more than one hundred twenty-five percent of that contractor's previous year's initial allotment.

(b) Any approved contractor shall initially receive no less than eighty-five percent of that contractor's previous year's initial allotment. In the event that funding is inadequate to provide eighty-five percent, criteria shall be established to equitably allocate the available funds.

(c) Funds in excess of the initial allocation shall be distributed in a supplemental allotment pursuant to WAC 182-20-200.

(3) Between July 1, 1996, and June 30, 1997:

(a) Any approved contractor shall initially receive no more than one hundred twenty-five percent of that contractor's previous year's initial allotment.

(b) Any approved contractor shall initially receive no less than eighty percent of that contractor's previous year's initial allotment. In the event that funding is inadequate to provide eighty percent, criteria shall be established to equitably allocate the available funds.

(c) Funds in excess of the initial allocation shall be distributed in a supplemental allotment pursuant to WAC 182-20-200.

(4) Starting July 1, 1997:

(a) Any approved contractor shall initially receive no more than one hundred twenty-five percent of that contractor's previous year's initial allotment.

(b) Any approved contractor shall initially receive no less than seventy-five percent of that contractor's previous year's initial allotment. In the event that funding is inadequate to provide seventy-five percent, criteria shall be established to equitably allocate the available funds.

(c) Funds in excess of the initial allocation shall be distributed in a supplemental allotment pursuant to WAC 182-20-200.

[Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-400, filed 5/26/95, effective 6/26/95.]

Title 192 WAC EMPLOYMENT SECURITY DEPARTMENT

Chapters

- 192-04 Practice and procedure.**
- 192-12 Substantive rules.**
- 192-16 Interpretative regulations of the commissioner of the employment security department.**
- 192-23 Benefit payment regulations.**
- 192-28 Recovery of benefit overpayments.**
- 192-32 Timber retraining benefits and related programs.**
- 192-42 Family independence program employment, training, and education rules.**

Chapter 192-04 WAC PRACTICE AND PROCEDURE

WAC

- 192-04-060 Appeals—Petitions for hearing—Petitions for review—
Time limitation—Forms.
- 192-04-063 Aggrieved party.
- 192-04-090 Untimely appeals—Petitions for hearing or petitions
for review—Good cause.
- 192-04-170 Decision of commissioner—Petition for review—
Filing—Reply.
- 192-04-175 Advisement order.

WAC 192-04-060 Appeals—Petitions for hearing—Petitions for review—Time limitation—Forms. Any interested party who is aggrieved by any decision of the department set forth in WAC 192-04-050 may file a written appeal or petition for hearing in person at, or by mailing it to, any job service center or district tax office or the unemployment compensation agency in any other state or territory in which he or she then resides. The appeal or petition for hearing shall be filed within thirty days of the date the decision is delivered or mailed, whichever is the earlier. If the appeal and/or petition for hearing is mailed, it shall be filed in accordance with the provisions of RCW 50.32.025.