

WAC 246-310-803 Kidney disease treatment centers—Data reporting requirements. (1) By February 15th or the first working day thereafter of each year, each provider will electronically submit the following data elements for each of its kidney disease treatment centers in the state of Washington and each out-of-state kidney disease treatment center that might be used in an application review during the next year (an out-of-state kidney disease treatment center may be used as one of the three closest centers for a future project during the next year pursuant to WAC 246-310-827):

(a) Cost report data for the most recent calendar or fiscal year reporting period for which data is available reported to the Centers for Medicare and Medicaid Services (CMS) that is used to calculate net revenue per treatment; and

(b) Data reported to providers by CMS for the most recent calendar or fiscal year reporting period for which data is available to identify the percentage of nursing home patients and the average number of comorbid conditions.

(2) A provider's failure to submit complete data elements identified in subsection (1)(a) and (b) of this section in the format identified by the department for a center by the deadline in subsection (1) of this section or whose data for a center is not complete on the DFC report or QIP report (medicare website) will result in automatic rejection of concurrent review applications for that provider until the following year's data report deadline unless an exemption is granted pursuant to subsection (3) of this section. Corrections to the DFC report, as noted in WAC 246-310-827(7) do not require the filing on an exemption.

(3) A provider may request an exemption from subsection (2) of this section in writing by the first working day in March. The exemption request must demonstrate that reasonable efforts were made to timely submit the required data elements in subsection (1)(a) and (b) of this section. An exemption request based on missing data in the DFC report or QIP report should demonstrate the absence of data is not the result of failure to report to medicare. The department has sole discretion to grant these exemptions. The department will review all submitted exemption requests and respond with a decision by the first working day in April.

(4) Within 10 working days, providers must report to the department the date that kidney dialysis stations first became operational for the following:

(a) New kidney disease treatment center;

(b) Stations added to an existing kidney disease treatment center; or

(c) Relocated stations of a kidney disease treatment center.

(5) The department will confirm it has received the required data in subsections (1) and (4) of this section as well as any exemption requests in subsection (3) of this section via email within 10 working days of receipt.

(6) The department will publish on its website the date that the stations in subsection (4) of this section became operational.

[Statutory Authority: RCW 70.38.135, 2023 c 48, and RCW 70.38.280. WSR 24-18-006, § 246-310-803, filed 8/22/24, effective 9/22/24. Statutory Authority: RCW 70.38.135. WSR 17-04-062, § 246-310-803, filed 1/27/17, effective 1/1/18.]