

WSR 23-03-097

PROPOSED RULES

HEALTH CARE AUTHORITY

[Filed January 17, 2023, 10:32 a.m.]

Original Notice.

Preproposal statement of inquiry was filed as WSR 22-22-070.

Title of Rule and Other Identifying Information: WAC 182-543-8200  
Billing for clients eligible for medicare and medicaid.

Hearing Location(s): On February 21, 2023, at 10:00 a.m. In response to the coronavirus disease 2019 (COVID-19) public health emergency, the health care authority (HCA) continues to hold public hearings virtually without a physical meeting place. This promotes social distancing and the safety of the residents of Washington state. To attend the virtual public hearing, you must register in advance [https://us02web.zoom.us/webinar/register/WN\\_O39grFzsQQio-J3HHuB5xQ](https://us02web.zoom.us/webinar/register/WN_O39grFzsQQio-J3HHuB5xQ). If the link above opens with an error message, please try using a different browser. After registering, you will receive a confirmation email containing information about joining the public hearing.

Date of Intended Adoption: February 22, 2023.

Submit Written Comments to: HCA Rules Coordinator, P.O. Box 42716, Olympia, WA 98504-2716, email [arc@hca.wa.gov](mailto:arc@hca.wa.gov), fax 360-586-9727, by February 21, 2023, by 11:59 p.m.

Assistance for Persons with Disabilities: Contact Johanna Larson, phone 360-725-1349, fax 360-586-9727, telecommunication[s] relay service 711, email [Johanna.Larson@hca.wa.gov](mailto:Johanna.Larson@hca.wa.gov), by February 10, 2023.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The agency is revising this rule to remove subsections (1) and (2) regarding payment for services covered by medicare. The proposed rule replaces these subsections with a reference to HCA's general rules for medicare coinsurance, payments, and deductibles in WAC 182-502-0110, which is consistent with the federal requirements for cost sharing with qualified medicare beneficiaries.

Reasons Supporting Proposal: This amendment aligns WAC 182-543-8200 with federal requirements.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160.

Statute Being Implemented: RCW 41.05.021, 41.05.160.

Rule is not necessitated by federal law, federal or state court decision.

Agency Comments or Recommendations, if any, as to Statutory Language, Implementation, Enforcement, and Fiscal Matters: Not applicable.

Name of Proponent: HCA, governmental.

Name of Agency Personnel Responsible for Drafting: Melinda Froud, P.O. Box 42716, Olympia, WA 98504-2716, 360-725-1408; Implementation and Enforcement: Erin Mayo, P.O. Box 45506, Olympia, WA 98504-5506, 360-725-1729.

A school district fiscal impact statement is not required under RCW 28A.305.135.

A cost-benefit analysis is not required under RCW 34.05.328. RCW 34.05.328 does not apply to HCA rules unless requested by the joint administrative rules review committee or applied voluntarily.

Scope of exemption for rule proposal from Regulatory Fairness Act requirements:

Is not exempt.

The proposed rule does not impose more-than-minor costs on businesses. Following is a summary of the agency's analysis showing how

costs were calculated. This rule does not impose any costs on small businesses.

January 17, 2023  
Wendy Barcus  
Rules Coordinator

## OTS-4209.1

AMENDATORY SECTION (Amending WSR 18-24-021, filed 11/27/18, effective 1/1/19)

**WAC 182-543-8200 Billing for clients eligible for medicare and medicaid.** If a client is eligible for both medicare and medicaid(~~(1) The medicaid agency requires a provider to accept medicare assignment before any medicaid reimbursement;~~  
~~(2) In accordance with WAC 182-502-0110(3):~~  
~~(a) If the service provided is covered by medicare and medicaid, the agency pays only the deductible or coinsurance up to medicare's or medicaid's allowed amount, whichever is less.~~  
~~(b) If the service provided is covered by medicare but is not covered by the agency, the agency pays only the deductible or coinsurance up to medicare's allowed amount)), see WAC 182-502-0110 Conditions of payment and prior authorization requirements—Medicare coinsurance, copayments, and deductibles.~~

[Statutory Authority: RCW 41.05.021, 41.05.160 and 42 C.F.R. Part 440.70; 42 U.S.C. section 1396 (b) (i) (27). WSR 18-24-021, § 182-543-8200, filed 11/27/18, effective 1/1/19. Statutory Authority: RCW 41.05.021 and 2013 c 178. WSR 14-08-035, § 182-543-8200, filed 3/25/14, effective 4/25/14. WSR 11-14-075, recodified as § 182-543-8200, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090 and 74.04.050. WSR 11-14-052, § 388-543-8200, filed 6/29/11, effective 8/1/11.]