

WSR 24-18-060

PERMANENT RULES

HEALTH CARE AUTHORITY

[Filed August 28, 2024, 11:38 a.m., effective September 28, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: The health care authority amended these rules to reduce the sole community hospital rate multiplier to 1.25, effective July 1, 2024.

Citation of Rules Affected by this Order: Amending WAC 182-550-3830 and 182-550-7550.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160.

Adopted under notice filed as WSR 24-15-073 on July 18, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 1, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.

Date Adopted: August 28, 2024.

Wendy Barcus  
Rules Coordinator

**OTS-5556.1**

AMENDATORY SECTION (Amending WSR 23-20-048, filed 9/28/23, effective 10/29/23)

**WAC 182-550-3830 Adjustments to inpatient rates.** (1) The medic-aid agency updates all of the following components of a hospital's specific diagnosis-related group (DRG) factor and per diem rates at rebase:

- (a) Wage index adjustment;
- (b) Direct graduate medical education (DGME); and
- (c) Indirect medical education (IME).

(2) Effective January 1, 2015, the agency updates the sole community hospital adjustment.

(3) The agency does not update the statewide average DRG factor between rebasing periods, except:

- (a) To satisfy the budget neutrality conditions in WAC 182-550-3850; and
- (b) When directed by the legislature.

(4) The agency updates the wage index to reflect current labor costs in the core-based statistical area (CBSA) where a hospital is located. The agency:

(a) Determines the labor portion by multiplying the base factor or rate by the labor factor established by medicare; then

(b) Multiplies the amount in (a) of this subsection by the most recent wage index information published by the Centers for Medicare and Medicaid Services (CMS) when the rates are set; then

(c) Adds the nonlabor portion of the base rate to the amount in (b) of this subsection to produce a hospital-specific wage adjusted factor.

(5) DGME. The agency obtains DGME information from the hospital's most recently filed medicare cost report that is available in the CMS health care cost report information system (HCRIS) dataset.

(a) The hospital's medicare cost report must cover a period of 12 consecutive months in its medicare cost report year.

(b) If a hospital's medicare cost report is not available on HCRIS, the agency may use the CMS Form 2552-10 to calculate DGME.

(c) If a hospital has not submitted a CMS medicare cost report in more than 18 months from the end of the hospital's cost reporting period, the agency considers the current DGME costs to be zero.

(d) The agency calculates the hospital-specific DGME by dividing the DGME cost reported on worksheet B, part 1 of the CMS cost report by the adjusted total costs from the CMS cost report.

(6) IME. The agency sets the IME adjustment equal to the "IME adjustment factor for Operating PPS" available in the most recent CMS final rule impact file on CMS's website as of May 1st of the rate-setting year.

(7) Sole community hospitals.

(a) For sole community hospitals' rate enhancements, the agency multiplies an in-state hospital's specific conversion factor and per diem rates by a multiplier if the hospital meets all the following criteria per RCW 74.09.5225:

(i) Be certified by CMS as a sole community hospital as of January 1, 2013;

(ii) Have a level III adult trauma service designation from the Washington state department of health (DOH) as of January 1, 2014;

(iii) Have less than 150 acute care licensed beds in fiscal year 2011;

(iv) Be owned and operated by the state or a political subdivision; and

(v) Not participate in the certified public expenditures (CPE) payment program defined in WAC 182-550-4650.

(b) ~~((As of July 1, 2021, through June 30, 2023, an additional increase is applied for hospitals that accept single bed certifications per RCW 71.05.745-))~~ Effective July 1, 2024, the enhancement multiplier equals 1.25. This may be adjusted in future years to account for legislatively approved increases. (See RCW 74.09.5225)

| Enhancement Multiplier by Year                              |                         |                         |                         |                         |                         |                         |            |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|------------|
| Provider Category   | Effective For the Dates |                         |                         |                         |                         |                         |            |
|   | 07/01/2015 - 06/30/2020 | 07/01/2020 - 06/30/2021 | 07/01/2021 - 06/30/2022 | 07/01/2022 - 06/30/2023 | 07/01/2023 - 12/31/2023 | 01/01/2024 - 06/30/2024 | 07/01/2024 |
| Sole community hospital                                     | 1.25                    | 1.5                     | (N/A)<br>1.5            | 1.25                    | 1.25                    | 1.5                     | 1.25       |
| Sole community hospital accepting single bed certifications | N/A                     | N/A                     | 1.5                     | 1.5                     | N/A                     | N/A                     | N/A        |

AMENDATORY SECTION (Amending WSR 23-20-048, filed 9/28/23, effective 10/29/23)

**WAC 182-550-7550 OPPTS payment enhancements.** (1) Pediatric adjustment.

(a) The medicaid agency establishes a policy adjustor to be applied to all enhanced ambulatory patient group (EAPG) services for clients under age 18 years.

(b) Effective July 1, 2014, this adjustor equals one point thirty-five (1.35).

(2) Chemotherapy and combined chemotherapy/pharmacotherapy adjustment.

(a) The agency establishes a policy adjustor to be applied to services grouped as chemotherapy drugs or combined chemotherapy and pharmacotherapy drugs.

(b) Effective July 1, 2014, this adjustor equals one point one (1.1).

(3) Sole community hospitals.

(a) For sole community hospital's rate enhancements, the agency multiplies the in-state hospital's specific EAPG conversion factor by a multiplier if the hospital meets all of the following criteria per RCW 74.09.5225:

(i) Be certified by CMS as a sole community hospital as of January 1, 2013;

(ii) Have a level III adult trauma service designation from the Washington state department of health (DOH) as of January 1, 2014;

(iii) Have less than 150 acute care licensed beds in fiscal year 2011; and

(iv) Be owned and operated by the state or a political subdivisions.

(b) ~~((As of July 1, 2021, through June 30, 2023, an additional increase may be applied for hospitals that accept single bed certifications per RCW 71.05.745.))~~ Effective July 1, 2024, the enhancement multiplier equals 1.25. This may be adjusted in future years to account for legislatively approved increases. (See RCW 74.09.5225)

| Enhancement Multiplier by Year                              |                         |                         |                         |                         |                         |                         |            |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|------------|
| Provider Category   | Effective For the Dates |                         |                         |                         |                         |                         |            |
|   | 07/01/2015 - 06/30/2020 | 07/01/2020 - 06/30/2021 | 07/01/2021 - 06/30/2022 | 07/01/2022 - 06/30/2023 | 07/01/2023 - 12/31/2023 | 01/01/2024 - 06/30/2024 | 07/01/2024 |
| Sole community hospital                                     | 1.25                    | 1.5                     | ((N/A))<br>1.5          | 1.25                    | 1.25                    | 1.50                    | 1.25       |
| Sole community hospital accepting single bed certifications | N/A                     | N/A                     | 1.5                     | 1.5                     | N/A                     | N/A                     | N/A        |