

**WAC 182-551-1400 Notification requirements for hospice agencies.**

(1) To be reimbursed for providing hospice services, the hospice agency must complete a medicaid hospice notification form (HCA 13-746) and forward the form to the medicaid agency's hospice program manager within five working days from when a Washington apple health client begins the first day of hospice care, or has a change in hospice status. The hospice agency must notify the medicaid hospice program of:

- (a) The name and address of the hospice agency;
- (b) The date of the client's first day of hospice care;
- (c) A change in the client's primary physician;
- (d) A client's revocation of the hospice benefit (home or institutional);
- (e) The date a client leaves hospice without notice;
- (f) A client's discharge from hospice care;
- (g) A client who admits to a nursing facility (this does not apply to an admit for inpatient respite care or general inpatient care);
- (h) A client who discharges from a nursing facility (this does not apply to an admit for inpatient respite care or general inpatient care);
- (i) A client who is eligible for or becomes eligible for medicare or third-party liability (TPL) insurance;
- (j) A client who dies; or
- (k) A client who transfers to another hospice agency. Both the former hospice agency and current hospice agency must provide the medicaid agency with:

(i) The client's name, the name of the former hospice agency servicing the client, and the effective date of the client's discharge; and

(ii) The name of the current hospice agency serving the client, the hospice agency's provider number, and the effective date of the client's admission.

(2) The medicaid agency does not require a hospice agency to notify the hospice program manager when a hospice client is admitted to a hospital for palliative care.

(3) When a hospice agency does not notify the medicaid agency's hospice program within five working days of the date of the client's first day of hospice care as required in subsection (1)(c) of this section, the medicaid agency authorizes the hospice daily rate reimbursement effective the fifth working day before the date of notification.

[Statutory Authority: RCW 41.05.021, 41.05.160. WSR 16-03-035, § 182-551-1400, filed 1/12/16, effective 2/12/16. Statutory Authority: RCW 41.05.021, Section 2302 of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), and Section 1814 (a)(7) of the Social Security Act. WSR 12-09-079, § 182-551-1400, filed 4/17/12, effective 5/18/12. WSR 11-14-075, recodified as § 182-551-1400, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-18-033, § 388-551-1400, filed 8/30/05, effective 10/1/05. Statutory Authority: RCW 74.09.520, 74.08.090, 42 C.F.R. 418.22 and 418.24. WSR 99-09-007, § 388-551-1400, filed 4/9/99, effective 5/10/99.]