

WSR 25-08-008

PROPOSED RULES

HEALTH CARE AUTHORITY

[Filed March 20, 2025, 1:30 p.m.]

Original Notice.

Preproposal statement of inquiry was filed as WSR 25-04-103.

Title of Rule and Other Identifying Information: WAC 182-502-0010
When the medicaid agency enrolls, and 182-502-0016 Continuing require-
ments.

Hearing Location(s): On May 6, 2025, at 10:00 a.m. The health
care authority (HCA) holds public hearings virtually without a physi-
cal meeting place. To attend the virtual public hearing, you must reg-
ister in advance at [https://us02web.zoom.us/webinar/register/
WN_RCfDWUhrTr-ZDz9AIxUzTA](https://us02web.zoom.us/webinar/register/WN_RCfDWUhrTr-ZDz9AIxUzTA).

If the link opens with an error message, please try using a dif-
ferent browser. After registering, you will receive a confirmation
email containing information about joining the public hearing.

Date of Intended Adoption: Not sooner than May 7, 2025.

Submit Written Comments to: HCA Rules Coordinator, P.O. Box
42716, Olympia, WA 98504-2716, email arc@hca.wa.gov, fax 360-586-9727,
beginning March 21, 2025, 8:00 a.m., by May 6, 2025, at 11:59 p.m.

Assistance for Persons with Disabilities: Contact Johanna Larson,
phone 360-725-1349, fax 360-586-9727, telecommunication relay service
711, email Johanna.Larson@hca.wa.gov, by April 18, 2025.

Purpose of the Proposal and Its Anticipated Effects, Including
Any Changes in Existing Rules: The agency is revising these rules to
provide more clarity on the business license requirement to become a
medicaid enrolled provider.

Reasons Supporting Proposal: See purpose.

Statutory Authority for Adoption: RCW 41.05.021 and 41.05.160.

Statute Being Implemented: RCW 41.05.021 and 41.05.160.

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

Name of Proponent: Health care authority, governmental.

Name of Agency Personnel Responsible for Drafting: Valerie Freu-
denstein, P.O. Box 42716, Olympia, WA 98504-2716, 360-725-1344; Imple-
mentation and Enforcement: Greg Sandoz, P.O. Box 42716, Olympia, WA
98504, 360-725-2065.

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 busi-
nesses. Following is a summary of the agency's analysis showing how
costs were calculated. The proposed rules clarify existing business
license requirements for medicaid providers. These revisions do not
impose more-than-minor costs on small businesses.

March 20, 2025
Wendy Barcus
Rules Coordinator

RDS-6213.1

AMENDATORY SECTION (Amending WSR 24-23-009, filed 11/8/24, effective 12/9/24)

WAC 182-502-0010 When the medicaid agency enrolls. (1) Nothing in this chapter obligates the medicaid agency to enroll any eligible health care professional, health care entity, supplier, or contractor of service who requests enrollment.

(2) To enroll as a provider (as defined in WAC 182-500-0085) with the agency, a health care professional, health care entity, supplier, or contractor of service (~~(rendering services in the state of Washington (persons or entities providing services out of Washington state see WAC 182-502-0120 and 182-501-0175))~~) must, on the date of application:

(a) Be currently licensed, certified, accredited, or registered according to the requirements of:

(i) Washington state laws and rules ((, or, if exempt under federal law, according to the laws and rules of any other)) if the services are to be provided in Washington state;

~~((b) Be enrolled with medicare, when required in specific program rules;))~~ (ii) The state laws and rules where the provider renders services if located outside of the state of Washington;

(b) Have a current state business license as required according to the state laws and rules in the state where the services are to be provided;

(c) Have current professional liability coverage, individually or as a member of a group, to the extent the health care professional, health care entity, supplier or contractor is not covered by the Federal Tort Claims Act, including related rules and regulations;

(d) Have a current federal drug enforcement agency (DEA) certificate, if applicable to the profession's scope of practice;

(e) Meet the conditions in this chapter and other chapters regulating the specific type of health care practitioner;

(f) Sign, without modification, a core provider agreement (CPA) or nonbilling provider agreement, and a debarment form. Servicing providers are not required to sign as their enrollment is based upon being included under an organizational CPA or nonbilling provider agreement;

(g) Agree to accept the payment from the agency as payment in full in accordance with 42 C.F.R. § 447.15 requiring acceptance of state payment as payment in full (see also WAC 182-502-0160 billing a client);

(h) Fully disclose ownership, employees who manage, and other control interests (e.g., member of a board of directors or office), as requested by the agency. Indian health services clinics are exempt from this requirement;

(i) Have screened employees and contractors with whom they do business prior to hiring or contracting to assure that employees and contractors are not excluded from receiving federal funds as required by 42 U.S.C. 1320a-7 and 42 U.S.C. 1320c-5;

(j) Pass the agency's screening process, including license verifications, database checks, site visits, and criminal background checks, including fingerprint-based criminal background checks as required by 42 C.F.R. 455.434 if considered high-risk under 42 C.F.R. 455.450.

(i) The agency uses the same screening level risk categories that apply under medicare.

(ii) For those provider types that are not recognized under medicare, the agency assesses the risk of fraud, waste, and abuse using similar criteria to those used in medicare; and

(k) Pay an application fee, if required by CMS under 42 C.F.R. 455.460.

(3) Servicing providers performing services for a client must be enrolled under the billing providers' CPA or a nonbilling provider agreement.

(4) Only a licensed health care professional whose scope of practice under their licensure includes ordering, prescribing, or referring may enroll as a nonbilling provider.

AMENDATORY SECTION (Amending WSR 21-10-081, filed 5/3/21, effective 6/3/21)

WAC 182-502-0016 Continuing requirements. (1) To continue to provide services for eligible clients and be paid for those services, a provider must:

(a) Provide all services without discriminating on the grounds of race, creed, color, age, sex, sexual orientation, religion, national origin, marital status, the presence of any sensory, mental or physical handicap, or the use of a trained dog guide or service animal by a person with a disability;

(b) Provide all services according to federal and state laws and rules, medicaid agency billing instructions, provider alerts issued by the agency, and other written directives from the agency;

(c) Inform the agency of any changes to the provider's application or contract including, but not limited to, changes in:

(i) Ownership (see WAC 182-502-0018);

(ii) Address or telephone number;

(iii) The professional practicing under the billing provider number; or

(iv) Business name((-));

(d) Retain a current:

(i) Professional state license, registration, or certification ((or applicable business license for)) in accordance with the state law where the service is being provided, and update the agency of all changes;

(ii) State business license as required according to the state law where the service is being provided, and update the agency of all changes;

(e) Inform the agency in writing within seven calendar days of changes applicable to the provider's clinical privileges;

(f) Inform the agency in writing within seven business days of receiving any informal or formal disciplinary order, disciplinary decision, disciplinary action or other action(s) including, but not limited to, restrictions, limitations, conditions and suspensions resulting from the practitioner's acts, omissions, or conduct against the provider's license, registration, or certification in any state;

(g) Screen employees and contractors with whom they do business prior to hiring or contracting, and on a monthly ongoing basis thereafter, to assure that employees and contractors are not excluded from

receiving federal funds as required by 42 U.S.C. 1320a-7 and 42 U.S.C. 1320c-5;

(h) Report immediately to the agency any information discovered regarding an employee's or contractor's exclusion from receiving federal funds in accordance with 42 U.S.C. 1320a-7 and 42 U.S.C. 1320c-5. See WAC 182-502-0010 (2)(j) for information on the agency's screening process;

(i) Pass any portion of the agency's screening process as specified in WAC 182-502-0010 (2)(j) when the agency requires such information to reassess a provider;

(j) Maintain professional and general liability coverage to the extent the provider is not covered:

(i) Under agency, center, or facility professional and general liability coverage; or

(ii) By the Federal Tort Claims Act, including related rules and regulations((--));

(k) Not surrender, voluntarily or involuntarily, the provider's professional state license, registration, or certification in any state while under investigation by that state or due to findings by that state resulting from the practitioner's acts, omissions, or conduct;

(l) Furnish documentation or other assurances as determined by the agency in cases where a provider has an alcohol or chemical dependency problem, to adequately safeguard the health and safety of medical assistance clients that the provider:

(i) Is complying with all conditions, limitations, or restrictions to the provider's practice both public and private; and

(ii) Is receiving treatment adequate to ensure that the dependency problem will not affect the quality of the provider's practice((--));

(m) Submit to a revalidation process at least every five years. This process includes, but is not limited to:

(i) Updating provider information including, but not limited to, disclosures;

(ii) Submitting forms as required by the agency including, but not limited to, a new core provider agreement; and

(iii) Passing the agency's screening process as specified in WAC 182-502-0010 (2)(j)((--));

(n) Comply with the employee education requirements regarding the federal and the state false claims recovery laws, the rights and protections afforded to whistleblowers, and related provisions in Section 1902 of the Social Security Act (42 U.S.C. 1396a(68)) and chapter 74.66 RCW when applicable. See WAC 182-502-0017 for information regarding the agency's requirements for employee education about false claims recovery.

(2) A provider may contact the agency with questions regarding its programs. However, the agency's response is based solely on the information provided to the agency's representative at the time of inquiry, and in no way exempts a provider from following the laws and rules that govern the agency's programs.

(3) The agency may refer the provider to the appropriate state health professions quality assurance commission.

(4) In addition to the requirements in subsections (1), (2), and (3) of this section, to continue to provide services for eligible clients and be paid for those services, residential treatment facilities that provide substance use disorder (SUD) services (also see chapter 246-337 WAC) must:

- (a) Not deny entry or acceptance of clients into the facility solely because the client is prescribed medication to treat SUD;
- (b) Facilitate access to medications specific to the client's diagnosed clinical needs, including medications used to treat SUD;
- (c) Make any decisions regarding adjustments to medications used to treat SUD after individual assessment by a prescribing provider;
- (d) Coordinate care upon discharge for the client to continue without interruption the medications specific to the client's diagnosed clinical needs, including medications used to treat SUD. See RCW 71.24.585.