WSR 26-19-123
PROPOSED RULES
HEALTH CARE AUTHORITY
[Filed September 22, 2026, 1:55 p.m.]

Original Notice.

Preproposal statement of inquiry was filed as WSR 26-16-018.

Title of Rule and Other Identifying Information: WAC 182-530-5100 Billing requirements—Unit dose.

Hearing Location(s): On October 27, 2026, at 10:00 a.m. The health care authority (HCA) holds public hearings virtually without a physical meeting place. Virtual public hearings are held via Microsoft Teams webinar. To attend, you must register in advance at https://events.gcc.teams.microsoft.com/event/0d7f053a-648a-4726-9cd6-186bde5cf01d@11d0e217-264e-400a-8ba0-57dcc127d72d. After registering, you will receive a confirmation email containing information about joining the public hearing. You will be able to join the public hearing through most standard internet browsers; you do not need to install Microsoft Teams.

Date of Intended Adoption: Not sooner than October 28, 2026.

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 September 24, 2026, 8:00 a.m., by October 27, 2026, 11:59 p.m.

Assistance for Persons with Disabilities: Contact Jessica Nguyen, phone 360-725-1174, fax 360-586-9727, telecommunication relay service 711, email arc@hca.wa.gov, by October 9, 2026.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: HCA struck subsection (9) to reduce any misunderstanding that the prescription volume survey affects the unit dose dispensing fee. It does not.

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: HCA, governmental.

Name of Agency Personnel Responsible for Drafting: Blake O'Connor, 626 7th Avenue S.E., Olympia, WA 98501, 360-725-1344; Implementation and Enforcement: Janice Peoples, 626 7th Avenue S.E., Olympia, WA 98501, 360-725-1847.

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 making is removing outdated language to reduce misunderstanding that the prescription volume survey affects the unit dose dispensing fee. It does not. Therefore, this proposal does not impose more-than-minor costs on small businesses.

September 22, 2026
Wendy Barcus

RDS-7356.1

AMENDATORY SECTION (Amending WSR 16-01-046, filed 12/9/15, effective 1/9/16)

WAC 182-530-5100 Billing requirements—Unit dose. (1) To be eligible for a unit dose dispensing fee from the medicaid agency, a pharmacy must:

(a) Notify the agency in writing of its intent to provide unit dose service;

(b) Identify the nursing facility or facilities to be served;

(c) Indicate the approximate date unit dose service to the facility or facilities will commence; and

(d) Follow agency requirements for unit dose payment.

(2) Under a unit dose delivery system, a pharmacy must bill only for the number of drug units actually used by the client in the nursing facility, except as provided in subsections (3), (4), and (5) of this section. It is the unit dose pharmacy provider's responsibility to coordinate with nursing facilities to ensure that the unused drugs the pharmacy dispensed to clients are returned to the pharmacy for credit.

(3) The pharmacy must submit an adjustment form or claims reversal of the charge to the agency for the cost of all unused drugs returned to the pharmacy from the nursing facility on or before the ((~~sixtieth~~)) 60th day following the date the drug was dispensed, except as provided in subsection (5) of this section. Such adjustment must conform to the nursing facility's monthly log as described in subsection (7) of this section.

(4) The agency pays a unit dose provider a dispensing fee when a provider-packaged unit dose prescription is returned, in its entirety, to the pharmacy. A dispensing fee is not paid if the returned prescription is for a drug with a manufacturer-designated unit dose national drug code (NDC). In addition to the dispensing fee paid under this subsection, the provider may bill the agency one unit of the tablet or capsule but must credit the agency for the remainder of the ingredient costs for the returned prescription.

(5) Unit dose providers do not have to credit the agency for federally designated schedule two drugs which are returned to the pharmacy. These returned drugs must be disposed of according to federal regulations.

(6) Pharmacies must not charge clients or the agency a fee for repackaging a client's bulk medications in unit dose form. The costs of repackaging are the responsibility of the nursing facility when the repackaging is done:

(a) To conform with a nursing facility's drug delivery system; or

(b) For the nursing facility's convenience.

(7) The pharmacy must maintain detailed records of medications dispensed under unit dose delivery systems. The pharmacy must keep a monthly log for each nursing facility served including, but not limited to, the following information:

(a) Facility name and address;
(b) Client's name and patient identification code (PIC);
(c) Drug name/strength;
(d) National drug code (NDC);
(e) Quantity and date dispensed;
(f) Quantity and date returned;
(g) Value of returned drugs or amount credited;
(h) Explanation for no credit given or nonreusable returns; and
(i) Prescription number.

(8) Upon the agency's request, the pharmacy must submit copies of the logs referred to in subsection (7) of this section.

((~~(9) When the pharmacy submits the completed annual prescription volume survey to the agency, it must include an updated list of all nursing facilities currently served under unit dose systems.~~))