DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group

April 17, 2020

Susan Birch, Director MaryAnne Lindeblad, Medicaid Director Health Care Authority PO Box 45502 Olympia, WA 98504-03301

RE: Washington State Plan Amendment (SPA) Transmittal Number 20-0003

Dear Ms. Birch and Ms. Lindeblad:

We have reviewed the proposed Washington State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 23, 2019. This plan amendment updates the allowance for a 10% increase to the Behavioral Health Services (BHR) rates.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 11, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact James Moreth at 206-615-2043 or <u>James.Moreth@cms.hhs.gov</u>.

Sincerely,

Todd McMillion

Todd McMillion

Director

Division of Reimbursement Review

Enclosures

| HEALTH CARE FINANCING ADMINISTRATION | T . | OMB NO. 0938-0193 |
|--|---|-------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF | 1. TRANSMITTAL NUMBER: | 2. STATE |
| STATE PLAN MATERIAL | 20-0003 | Washington |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | 3. PROGRAM IDENTIFICATION: TIT SOCIAL SECURITY ACT (MEDIC. | |
| TO: REGIONAL ADMINISTRATOR | 4. PROPOSED EFFECTIVE DATE | |
| HEALTH CARE FINANCING ADMINISTRATION | January 11, 2020 | |
| DEPARTMENT OF HEALTH AND HUMAN SERVICES | , , , , , | |
| 5. TYPE OF PLAN MATERIAL (Check One): | | |
| ☐ NEW STATE PLAN ☐ AMENDMENT TO BE O | CONSIDERED AS NEW PLAN | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME | NDMENT (Separate Transmittal for each | amendment) |
| 6. FEDERAL STATUTE/REGULATION CITATION: | 7. FEDERAL BUDGET IMPACT: | , |
| 1902(a) of the Social Security Act | a. FFY 2020 \$0 | |
| · | b. FFY 2021 \$0 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: | 9. PAGE NUMBER OF THE SUPERS | EDED PLAN SECTION |
| | OR ATTACHMENT (If Applicable): | : |
| Attachment 4.19-B page 37 | | |
| | Attachment 4.19-B page 37 | |
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| 10. SUBJECT OF AMENDMENT: | | |
| | | |
| Behavioral Health Services Rates | | |
| 11. GOVERNOR'S REVIEW (Check One): | | |
| GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | ☑ OTHER, AS SPEC | IFIED: Exempt |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: | 16. RETURN TO: | |
| 22. SIGNATURE OF STATE AGENCY OFFICIAL. | Ann Myers | |
| Many aue Sirallad | Rules and Publications | |
| 13. TYPED NAME: | Division of Legal Services | |
| | Health Care Authority | |
| MaryAnne Lindeblad | | |
| 14. TITLE: | 626 8 th Ave SE MS: 42716 | |
| Director 16 DATE CHEMITTEE | Olympia, WA 98504-2716 | |
| 15. DATE SUBMITTED: | | |
| 3/23/2020 FOR REGIONAL OF | PEICE LISE ONLY | |
| 17. DATE RECEIVED: | 18. DATE APPROVED: | |
| 03/23/2020 | 04/17/2020 | |
| PLAN APPROVED – ON | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: | 20. SIGNATURE OF REGIONAL OF | FICIAI · |
| 01/11/2020 | Todd McMillion | TICIAL. |
| 21. TYPED NAME: | 22. TITLE: | |
| Todd McMillion | Director, Division of Reimbursement | t Review |
| 23. REMARKS: | | |
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| STATE | : WASHINGTON | |
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POLICY AND METHODS USED IN ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN (cont.)

XVIII. Mental Health Services

There are two circumstances in which the Medicaid agency will reimburse eligible behavioral health providers under the fee-for-service system. The first circumstance is when a Medicaid population is not eligible for services under the state's Section 1915(b) waiver. The second circumstance is when a contract between the state and a managed care entity that had provided behavioral health services is discontinued. Mental health fee-for-service rates are developed using the methodology below.

When possible, rates are developed using the RBRVS methodology. Rates are established and updated using the Resource Based Relative Value Scale (RBRVS) methodology as adopted in the Medicare Fee Schedule Data Base (MFSDB). In this methodology, under Washington Administrative Code chapter 182-531, the State uses CMS-established relative value units (RVU) multiplied by the Geographic Practice Cost Indices (GPCI) and the conversion factors, both of which are specific to Washington. Current conversion factors and descriptions are found in Supplement 3 to Attachment 4.19-B. When providers serve an individual who meets medical necessity for specialized mental health services based on statewide access standards, the provider will receive an enhanced rate. To increase availability of behavioral health service and incentivize adoption of the primary care behavioral health model, the legislature has approved a 10% rate increase for certain RBRVS codes identified in the fee schedule, effective January 11, 2020.

If Medicare does not cover a particular approved State Plan service, and thus no RVU exists, codes are reimbursed using a flat fee based upon market value, service rate schedules from other states, budget impacts, historical pricing, and/or comparable services.

Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of these services. See 4.19-B, I, General, #G for the agency's website where the fee schedules are published.