
Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 17-0042

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

December 6, 2017

MaryAnne Lindeblad, Medicaid Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 17-0042.

Dear Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number WA 17-0042. This amendment clarified and simplified the rules for when the Indian Health Service (IHS) encounter rate is paid to IHS and tribal facilities. This SPA also deleted the informational list of providers and amended the state plan to authorize up to five (5) face-to-face or telemedicine visits during any calendar day with any healthcare professional authorized under the state plan.

This SPA is approved with an effective date of September 29, 2017.

If there are additional questions please contact me, or your staff may contact James Moreth at James.Moreth@cms.hhs.gov or (360) 943-0469.

Sincerely,

A solid black rectangular box redacting the signature of David L. Meacham.

David L. Meacham
Associate Regional Administrator

cc:
Ann Myers, SPA Coordinator

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
17-0042

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
~~July 1, 2017~~ (P&I)
September 29, 2017

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902(b) of the Social Security Act; 42 USC 1396d(b)

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$ 806,511
b. FFY 2018 \$ 3,226,047

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-C page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

Attachment 4.19-C page 3

10. SUBJECT OF AMENDMENT

All-Inclusive Rates (IHS Encounter Rates)

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Exempt
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

MARYANNE LINDEBLAD

14. TITLE:
MEDICAID DIRECTOR

15. DATE SUBMITTED:

9-28-17

16. RETURN TO:

Ann Myers
Office of Rules and Publications
Legal and Administrative Services
Health Care Authority
626 8th Ave SE MS: 42716
Olympia, WA 98504-2716

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
9/28/17

18. DATE APPROVED:
12/6/17

PLAN APPROVED – ONE COPY ATTACHED

Digitally signed by David L. Meacham-S

19. EFFECTIVE DATE OF APPROVED MATERIAL:
9/29/17

20. SIGNATURE

[Redacted Signature]

21. TYPED NAME:
David L. Meacham

22. TITLE:
Associate Regional Administrator

23. REMARKS:

10/16/17: State authorized P&I change to box 4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

REIMBURSEMENT FOR INDIAN HEALTH SERVICE AND TRIBAL HEALTH FACILITIES

Services provided by or through facilities of the Indian Health Service (IHS) which includes, at the option of the tribe, facilities operated by a tribe or tribal organization and funded by Title I or III of the Indian Self Determination and Education Assistance Act (also known as Tribal 638 facilities), are paid at the applicable rates published in the Federal Register or Federal Register Notices.

The applicable published outpatient per visit rate (also known as the outpatient all-inclusive rate) is paid for up to five (5) outpatient visits per Medicaid beneficiary per calendar day for professional services.

An outpatient visit is; "A face-to-face or telemedicine contact between any health care professional authorized to provide services under the State Plan and a Medicaid beneficiary for the provision of Title XIX defined services, as documented in the patient's record."

Included in the outpatient per visit rate are laboratory and x-ray services provided on-site and medical supplies incidental to the services provided to the patient. Pharmaceuticals/drugs are outside the all-inclusive rate and are reimbursed under the fee-for-service system at the applicable fee-for-service rate.