



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

August 19, 2025

Dear Tribal Leader:

SUBJECT: Medicaid State Plan Amendment 25-0025 Birthing Center Payment Methodology Update

In accordance with section 1902(a)(73)(A) of the Social Security Act regarding the solicitation of advice prior to the submission of any Medicaid State Plan Amendment (SPA) or waiver likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations, the Health Care Authority (HCA) hereby seeks your advice on the following matter.

Purpose

The Health Care Authority (HCA) intends to submit Medicaid State Plan Amendment (SPA) 25-0025 in order to align free standing birthing centers' facility fee with the state legislature's 2024 financial allocation for these services, as well as reflect current payment methodology. This SPA will have no effect on current reimbursement for this service – payment remains at the current levels.

Anticipated Impact on Indians/Indian Health Programs/Urban Indian Organizations

This change is not anticipated to have an impact that is specific to American Indian/Alaska Native Medicaid applicants or enrollees. However, HCA would appreciate any input or concerns that Tribal representatives wish to share, including whether this SPA will have disproportionate impact on American Indian/Alaska Native Medicaid applicants or enrollees, Indian Health programs, or Urban Indian Health Organizations.

Copy Attached

A copy of the draft SPA is attached for your review.

Comments and Questions

HCA would appreciate any input or concerns that Tribal representatives wish to share regarding this SPA. To return any comments, please contact Shauna James, Professional Rates Program Manager, via email at shauna.james@hca.wa.gov, with a courtesy copy to Ann Myers, State Plan Coordinator, at ann.myers@hca.wa.gov by September 22, 2025.

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Please contact Aren Sparck, Tribal Affairs Administrator, via email at aren.sparck@hca.wa.gov if you have tribal affairs-related questions or concerns.

Please forward this information to any interested party.

Sincerely,

A handwritten signature in blue ink that reads "Charissa Fotinos MD, MSc". The signature is written in a cursive, flowing style.

Charissa Fotinos, MD, MSc
Medicaid and Behavioral Health Medicaid Director

cc: Shauna James, Professional Rates Program Manager, FSD, HCA
Aren Sparck, Tribal Affairs Administrator, OTA, HCA
Ann Myers, State Plan Coordinator, DLS, HCA