

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 26, 2023

Susan Birch, Director
Dr. Charissa Fotinos, Medicaid Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

Re: Washington State Plan Amendment (SPA) Transmittal Number 23-0020

Dear Susan Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WA-23-0020. This amendment was submitted to comply with requirements regarding methods and procedures to safeguard against unnecessary utilization of care and services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Washington's Medicaid SPA WA-23-0020 was approved on October 25, 2023, with an effective date of July 1, 2023.

If you have any questions, please contact Edwin Walaszek at 212-616-2512 or via email at Edwin.Walaszek1@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

cc: Ann Myers, Section Manager & State Plan Coordinator, Health Care Authority

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

-----50

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

-----TN# (03-015)

50 TN(03-015)

9. SUBJECT OF AMENDMENT

----- Unnecessary Use of Care and Services

10. 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 SPECIFIED: Exempt

11. SIGNATURE OF STATE AGENCY OFFICIAL

Cham For MD, MSc

15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

FOR CMS USE ONLY

16. DATE RECEIVED
August 1, 2023

17. DATE APPROVED
October 25, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

8/29/23: State authorizes the following pen and ink changes:

- **Block 7: Replace page "50a" with page "50".**
- **Block 8: Add the underlined information to "Numbered Page 46" (TN# 03-015) ; replace Numbered Page "50a" with "50" and add "(TN# 03-015)"**

10/24/23: State authorizes pen and ink change to modify box 9 to read as "Unnecessary Use of Care and Services".

REVISION: HCFA-PM-91-10 (MB)
December 1991

EQRO

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

Citation	4.14	Utilization/Quality Control
42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431)	(a)	<p>A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:</p> <p><u>X</u> Directly</p> <p>_____ By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO —</p> <p>(1) Meets the requirements of §434.6(a):</p> <p>(2) Includes a monitoring and evaluation plan to ensure satisfactory performance;</p> <p>(3) Identifies the services and providers subject to PRO review;</p> <p>(4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and</p> <p>(5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.</p>
1932(c)(2) and 1902(d) of the ACT, P.L. 99-509 each (section 9431)	<u>X</u>	A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E for managed care organization, prepaid inpatient health plan, and health insuring organizations under contract, except where exempted by the regulation

REVISION: HCFA-PH-85-3 (BERC)
May 1985

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

OMB NO. 0938-0193

Citation
42 CFR 456.2
50 FR 15312

- 4.14 (e) /X/ The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:
- / / Facility-based review.
 - / / Direct review by personnel of the medical assistance unit of the State agency.
 - / / Personnel under contract to the medical assistance unit of the State agency.
 - / / Utilization and Quality Control Peer Review Organizations.
 - / / Another method as described in ATTACHMENT 4.14-A.
 - /X/ Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.
 - / / Not applicable. Intermediate care facility services are not provided under this plan.
- (f) The Medicaid agency meets the requirements of section 1902(a)(30) of section 1902(a) (30) of the Act for control of the assurance of quality furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:
- / / A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
 - / / A private accreditation body.
 - /X/ An entity that meets the requirements of the Act, as determined by the Secretary.

The Medicaid agency certifies that the entity in the preceding subcategory under 4.14(f) is not an agency of the State.