

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Seattle Regional Office  
2201 Sixth Avenue, Mail Stop 43  
Seattle, Washington 98121



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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**JUN 12 2013**

Dorothy Frost Teeter, Director  
MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
Post Office Box 45502  
Olympia, Washington 98504-5502

RE: Washington State Plan Amendment (SPA) Transmittal Number 12-020

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services' (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 12-020. This transmittal was submitted in compliance with the federal requirements to use the National Provider Identifier (NPI) when submitting claims to the Medicaid program consistent with 1902(kk)(7). This change is reflected in the general administration section on Numbered Page, 45c of the Washington State Medicaid Plan.

This SPA is approved effective January 1, 2013.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or [maria.garza@cms.hhs.gov](mailto:maria.garza@cms.hhs.gov).

Sincerely,

A handwritten signature in blue ink that reads "Carol J.C. Peverly". The signature is written in a cursive style with a long horizontal stroke at the end.

Carol J.C. Peverly  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc:  
Ann Myers, SPA Coordinator

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>12-020</b>	2. STATE Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE January 1, 2013	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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)

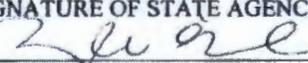
6. FEDERAL STATUTE/REGULATION CITATION: <del>42 CFR 431.07</del> 1902(kk)(7) (P&I) <del>902(kk)(7)</del> 42CFR 455, Subpart E (P&I)	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$0 b. FFY 2013 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Numbered Page <del>45b</del> 45c (P&I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Numbered Page <del>45b</del> 45c (P&I)

10. SUBJECT OF AMENDMENT:

Provider Agreement - National Provider Identifier (NPI)

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: 	16. RETURN TO: Ann Myers Rules and Publications Legal and Administrative Services Health Care Authority 626 8 <sup>th</sup> Ave SE MS: 45504 Olympia, WA 98504-5504
13. TYPED NAME: MARYANNE LINDEBLAD	
14. TITLE: DIRECTOR	
15. DATE SUBMITTED: 12-24-12	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/24/2012	18. DATE APPROVED: June 12, 2013
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS:

- 5.16.13 State authorized P&I change to box 6,8, and 9  
6.07.13 State authorized P&I change to box 6

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

State/Territory: WASHINGTON

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Citation

4.13 Required Provider Agreement (cont)

1902(a)(b)(27), of the  
Social Security Act

(f) Additional Provider Requirements

42 CFR 431.107(5)

A provider must furnish its NPI (if eligible for an NPI) to the Medicaid Agency in order to obtain a provider agreement with the Agency, and include its NPI on all claims submitted to the Agency under the Medicaid program.