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

March 17, 2021

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

Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number WA-20-0026. This SPA was submitted in order to update the information regarding telehealth/telemedicine services in the Medicaid State Plan. Because telehealth/telemedicine is a method of delivering services and not an actual service, it is not necessary to include information about telehealth/telemedicine in the state plan. Therefore, SPA 20-0026 removes that information.

This SPA is approved effective October 1, 2020. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Washington State Plan.

If you have any questions, please contact Nikki Lemmon at 303-844-2641 or via email at nicole.lemmon@cms.hhs.gov.

Sincerely,

James G. Scott, Director Division of Program Operations

Enclosure

cc: Ann Myers, HCA Jodi Kunkel, HCA Christopher Chen, HCA

HEALTH CARE FINANCING ADMINISTRATION	1	OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	20-0026	Washington
FOR HEALTH CARE BINANCING ARMINICER ATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
	, , , , , , , , , , , , , , , , , , ,	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	October 1, 2020	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	ŕ	
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:	7. FEDERAL BUDGET IMPACT:	
1902(a) of the Social Security Act	a. FFY 2021 \$0	
1702(a) of the Social Security Net	b. FFY 2022 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	SEDED DI AN SECTION
6. FAGE NOWIDER OF THE FEAN SECTION OR ATTACHMENT.	OR ATTACHMENT (If Applicable)	
A 44 - 1 4 2 1 A 10 - 10 b (11)	OK ATTACHMENT (IJ Applicable)	•
Attachment 3.1-A pages 10a, 10b (remove all)	A 4 10 D 45	
Attachment 3.1-B pages 11a, 11b (remove all)	Attachment 4.19-B page 45	
Attachment 4.19-B page 45		
10. SUBJECT OF AMENDMENT:		
Telehealth/Telemedicine Update		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S REVIEW (Check One).	MOTHER AS SPEC	CIEIED. Exament
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	\boxtimes OTHER, AS SPEC	IFIED: Exempt
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
14 GLONATURE OF GEATE A GENION OFFICIAL	16 DETUDY TO	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Many aue Swallan	Ann Myers	
13. TYPED NAME:	Rules and Publications	
MaryAnne Lindeblad	Division of Legal Services	
14. TITLE:	Health Care Authority	
Director	626 8 th Ave SE MS: 42716	
	Olympia, WA 98504-2716	
15. DATE SUBMITTED:	Olympia, W11 90301 2710	
12/21/2020		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 12/21/20	18. DATE APPROVED:	
	March 17, 2021	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
10/1/2020		
21. TYPED NAME: James G. Scott	22. TITLE: Discrete Discrete Pro-	
Junes G. Scott	Director, Division of Prog	gram Operations
23. REMARKS:		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

MACHINICTON

XX. Telemedicine/telehealth services

Payment for telemedicine/telehealth services is made as follows:

Stata

Originating sites (the physical location of the client at the time the service is provided) are paid a facility fee per completed transmission, according to the fee schedule.

Distant sites (the physical location of the practitioner providing the service) are paid the current fee schedule amount for the service provided.

Maximum allowable fees are developed using the Resource Based Relative Value Scale (RBRVS) methodology. Rates are established and updated using the RBRVS methodology as adopted in the Medicare Fee Schedule Data Base (MFSDB), or flat fee (based upon market value, other state's fee, budget impacts, etc.).. In the RBRVSis 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.

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

Approval Date: 03/17/2021 Effective Date: 10/1/2020