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State/Territory Name: Washington

State Plan Amendment (SPA)#: WA-24-0008

This file contains the following document in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid
Services 7500 Security
Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services
Medicaid Benefits and Health Programs Group

June 6, 2024

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

Dear Susan Birch and Dr. Fotinos,

The CMS Division of Pharmacy team has reviewed Washington's State Plan Amendment (SPA) 24-0008 received in the Centers for Medicare and Medicaid Services OneMAC application on March 11, 2024. This SPA proposes to remove duplicate pharmacy reimbursement language from the state plan reimbursement pages.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that WA-24-0008 is approved with an effective date of January 1, 2024. We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into Washington's state plan.

If you have any questions regarding this request, please contact Lisa Shochet at 410-786-5445 or lisa.shochet@cms.hhs.gov.

Sincerely,

Cynthia R. Denemark, R.Ph.
Director
Division of Pharmacy

cc: Ann Myers, Section Manager & State Plan Coordinator, WA Health Care Authority
Donna L. Sullivan, PharmD, MS, Chief Pharmacy Officer, WA Health Care Authority
Edwin Walaszek, Washington State Lead, Division of Program Operations, CMS

**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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

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

Chamie Fata MD, MSc

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED
March 11, 2024

17. DATE APPROVED
June 6, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Cynthia R. Denmark, R. Ph.

21. TITLE OF APPROVING OFFICIAL
Director, Division of Pharmacy

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WASHINGTON

V. Pharmacy Services (cont.)

See Supplement A to Attachment 4.19-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WASHINGTON

IV. Pharmacy Services (cont.)

C. Professional Dispensing Fees

1. The Agency sets pharmacy professional dispensing fees based on periodic review and examination of market research and other reliable data. The research and data must be sufficient to establish the adequacy of ingredient cost reimbursement and professional dispensing fees, independently and in the aggregate.

The current professional dispensing fee payment system is multi-tiered. See Supplement A to Attachment 4.19-B.

2. Pharmacies providing unit dose delivery service are paid the Agency's highest allowable professional dispensing fee for unit dose prescriptions dispensed. All other prescriptions filled by these pharmacies are paid at the professional dispensing fee level applicable to their annual prescription volume.
3. A professional dispensing fee is paid for each ingredient in a compound prescription.
4. See Supplement A to Attachment 4.19-B for information regarding Tribal pharmacy reimbursement and drugs dispensed through Indian Health Services (IHS) or Tribal pharmacies.