



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10
2201 Sixth Avenue, MS/RX-43
Seattle, Washington 98121

December 2, 2009

Susan Dreyfus, Secretary
Department of Social and Health Services
Post Office Box 45010
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment 09-018

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services (CMS) Pharmacy Team approved Washington State Plan Amendment (SPA) 09-018 on November 17, 2009.

The Seattle Regional office is following up with a complete copy of the approval package for the reason that we were in receipt of the original, signed amendment request.

Therefore, enclosed you will find a copy of the official CMS form 179, amended page(s), and copy of the approval letter from the Pharmacy Team for your records.

If you have any questions concerning the Seattle Regional office role in the processing of this state plan amendment, please contact Daphne Hicks at (206) 615-2400 or Daphne.Hicks@cms.hhs.gov.

Sincerely,

Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

Enclosure

Cc: Douglas Porter, Assistant Secretary

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Center for Medicaid & State Operations

Disabled and Elderly Health Program Group

Susan Dreyfus, Secretary
Department of Social and Health Services
P.O. Box 45010
Olympia, WA 98504-5010
Attn: Ann Myers

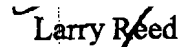
NOV 17 2009

Dear Ms. Dreyfus:

We have reviewed Washington State Plan Amendment (SPA) 09-018, received by the Centers for Medicare & Medicaid Services on June 18, 2009. This amendment decreases pharmacy payment for estimated acquisition cost from AWP – 14% to AWP – 16%. It also removes the reference to First Databank as the drug file carrier. We are pleased to inform you that the amendment is approved effective July 1, 2009.

A copy of the CMS-179 form, as well as the pages approved for incorporation into the Washington State Plan will be forwarded by the Seattle Regional Office. If you have any further questions regarding this approval, please contact David Moscovic at (410) 786-4693.

Sincerely,


Larry Reed
Director
Division of Pharmacy

cc: Barbara Richards, ARA, Seattle Regional Office
Maria Garza, Seattle Regional Office

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
09-018

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2009

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:

- a. FFY 2009 \$(946,081)
b. FFY 2010 \$(3,723,407)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement A to Attachment 4.19-B, page 2

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

Supplement A to Attachment 4.19-B, page 2

10. SUBJECT OF AMENDMENT:

Pharmacy AWP - 16

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Susan N. Dreyfus

14. TITLE:

Secretary

15. DATE SUBMITTED:

6/18/09

16. RETURN TO:

Ann Myers

Department of Social and Health Services
Health and Recovery Services Administration
626 8th Ave SE MS: 45504
Olympia, WA 98504-5504

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

JUN 18 2009

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 01 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Barbara K. Richards

22. TITLE:

Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:

REVISION

SUPPLEMENT A TO ATTACHMENT 4.19-B
PAGE 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WASHINGTON

REIMBURSEMENT FOR PHARMACY SERVICES (Cont.)

III. Estimated Acquisition Cost (EAC)

- A. The Department uses the Average Wholesale Price (AWP) of each product as posted in the drug file by the drug file carrier, Medispan.
- B. Currently applied EAC percentages, effective for dates of service on and after 7/1/09, are:
- AWP-16% for single source drugs;
 - AWP-16% for multisource drugs with four or fewer manufacturers/labelers;
 - AWP-50% for multisource drugs with five or more manufacturers/labelers and no MAC or FUL; and
 - 100% of certified AWP for infusion, injectable, and inhalation drugs with certified AWP.

TN# 09-018
Supersedes
TN# 03-019

Approval Date

Effective Date 7/1/09

NOV 17 2009