



**Centers for Medicaid and CHIP Services**

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Doug Porter, Administrator  
Health Care Authority  
Post Office Box 428682  
Olympia, Washington 98504-2682

**MAR 21 2012**

RE: Washington State Plan Amendment (SPA) Transmittal Number 11-022B

Dear Mr. Porter:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 11-022B. The purpose of this amendment is to update the State plan by decreasing the inpatient hospital services reimbursement rates for privately owned or operated hospitals that reimbursed on a prospective basis.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

Medicaid State plan amendment 11-020 is approved effective July 7, 2011. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please contact Joe Fico of the National Reimbursement Team at (206) 615-2380.

Sincerely,

A handwritten signature in dark ink, appearing to read "Cindy Mann". The signature is fluid and cursive, with a large initial "C" and a stylized "M".

Cindy Mann,  
Director, CMCS

cc

Ann Myer, State Plan Coordinator