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State/Territory Name: Washington

State Plan Amendment (SPA) #: 12-008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

MAY 30 2012

Douglas Porter, Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5502

RE: Washington State Plan Amendment (SPA) Transmittal Number 12-008

Dear Mr. Porter:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 12-008. This amendment is to implement the Medicaid/Children's Health Insurance Program (CHIP) Provider Screening and Enrollment provision under Section 6401 of the Affordable Care Act and Section 1866(j)(2)(A) of the Act to establish procedures under which screening is conducted with respect to providers of medical or other forms of service under Medicare, Medicaid and CHIP.

We are approving this SPA with an effective date of January 1, 2012, and have included the approved State plan pages with this letter.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Tania Seto at (206) 615-2343 or Tania.Seto@cms.hhs.gov.

Sincerely,

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

Enclosure

Cc: MaryAnne Lindeblad, Assistant Secretary

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

1. TRANSMITTAL NUMBER:
12-008

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
January 1, 2012

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:
42 CFR 455

7. FEDERAL BUDGET IMPACT:
a. FFY 2012 \$ 0
b. FFY 2013 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

~~Numbered Pages 35a - c (new)~~

~~Numbered Pages 35a - e (P&I)~~

Numbered Pages 79dd - 79hh (new) (P&I)

10. SUBJECT OF AMENDMENT:

Provider Screening and Enrollment

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:
DOUG PORTER

14. TITLE:
DIRECTOR

15. DATE SUBMITTED:

March 28, 2012

16. RETURN TO:

Ann Myers
Office of Rules and Publications
Legal and Administrative Services
Health Care Authority
626 8th Ave SE MS: 45504
Olympia, WA 98504-5504

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

MAR 28 2012

18. DATE APPROVED:

MAY 30 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2012

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:

04/16/2012 - Block #8 Pen and Ink (P&I) changes authorized by State.
04/25/2012 - Block #8 Pen and Ink (P&I) changes authorized by State.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAMState/Territory: WASHINGTON4.46 Provider Screening and EnrollmentCitation1902(a)(77)
1902(a)(39)\
1902(kk)
P.L. 111-148 and
P.L. 111-152

The State Medicaid Agency gives the following assurances:

42 CFR 455
Subpart E

PROVIDER SCREENING

X Assures that the State Medicaid Agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77), and 1902(kk) of the Act.*The State Medicaid Agency will be compliant no later than January 2013.*

42 CFR 455.410

ENROLLMENT AND SCREENING OF PROVIDERS

X Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.*The State Medicaid Agency will be compliant no later than January 2013.*X Assures that the State Medicaid Agency requires all ordering or referring physicians or other professionals to be enrolled under the State Plan or under a waiver of the Plan as a participating provider.*The State Medicaid Agency will be compliant no later than July 2012.**The State Medicaid Agency requires the NPI of ordering and referring physicians and other professionals to be specified on claims.**The State Medicaid Agency will require ordering and referring physicians and other professional to be enrolled under the State Plan no later than July 2012.*

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

State/Territory: WASHINGTON

4.46 Provider Screening and Enrollment (cont)

42 CFR 455.412

VERIFICATION OF PROVIDER LICENSES

X Assures that the State Medicaid Agency has a method for verifying providers licensed by a State and that such providers' licenses have not expired or have no current limitations.

42 CFR 455.414

REVALIDATION OF ENROLLMENT

X Assures that providers will be revalidated regardless of provider type at least every 5 years.

The State Medicaid Agency will be compliant no later than January 2013 when the MMIS system changes for the Affordable Care Act upgrades are anticipated to be implemented.

MMIS system changes are required for the collection of managing employees and controlling interests as required under 455.104(b) and page 2 of the Dec. 23, 2011, CMCS Informational Bulletin. The MMIS system changes will also allow for the Federal Database Checks of the additional disclosures as required under 455.436(a). The revalidation process will not be started until these MMIS system changes are in place.

42 CFR 455.416

TERMINATION OR DENIAL OF ENROLLMENT

X Assures that the State Medicaid Agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

The State Medicaid Agency will be compliant no later than January 2013 when enrollment data collection and screening system upgrades for the Affordable Care Act are anticipated to be implemented.

The State Medicaid Agency is in compliance with this provision for the enrollment of providers and their ownership.

MMIS system changes to the online enrollment application are required in order to collect managing employees and controlling interests disclosures and be in compliance with 455.416(d).

42 CFR 455.420

REACTIVATION OF PROVIDER ENROLLMENT

X Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.

The State Medicaid Agency will be compliant no later than January 2013 when the MMIS system changes for the Affordable Care Act upgrades are anticipated to be implemented.

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

State/Territory: WASHINGTON

4.46 Provider Screening and Enrollment (cont)

42 CFR 455.422

APPEAL RIGHTS

X Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation

42 CFR 455.432

SITE VISITS

X Assures that pre-enrollment and post-enrollment site visits of providers who are in "moderate" or "high" risk categories will occur.

The State Medicaid Agency will be compliant no later than January 2013, when the MMIS system changes for the Affordable Care Act upgrades are anticipated to be implemented.

The State Medicaid Agency conducts site visits for enrolling providers in the moderate or high risk categories, and will be compliant with the pre-enrollment site visit requirement no later than January 2013.

The post-enrollment sit visit requirement is dependent on the implementation of the Revalidation provision. The State Medicaid Agency will be compliant with the Revalidation provision no later than January 2013.

42 CFR 455.434

CRIMINAL BACKGROUND CHECKS

 Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste, or abuse for that category of provider.

The State Medicaid Agency awaits additional sub-regulatory guidance from CMS. The Agency will target implementation within 60 days of receipt of this guidance, as given in the CMCS Informational Bulletin issued December 23, 2011.

42 CFR 455.436

FEDERAL DATABASE CHECKS

X Assures that the State Medicaid Agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.

The State Medicaid Agency will be compliant no later than January 2013 when the MMIS system changes for the Affordable Care Act upgrades are anticipated to be implemented.

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

State/Territory: WASHINGTON

4.46 Provider Screening and Enrollment (cont)

The State Medicaid Agency conducts the Federal Database Checks required under 455.436 on enrolling providers and their ownership.

MMIS system changes to the online enrollment application are required in order to collect managing employees and controlling interests and allow for the pre-enrollment Federal Database Checks of these additional disclosures required under 455.436(a).

In addition, managing employees and controlling interests must be added to the MMIS system in order to be in compliance with 455.436(b)(2), the requirement to check the LEIE and EPLS for exclusions no less frequently than monthly.

42 CFR 455.440

NATIONAL PROVIDER IDENTIFIER

X Assures that the State Medicaid Agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.

The State Medicaid Agency will be compliant no later than July 2012.

The State Medicaid Agency requires the NPI of ordering and referring physicians and other professionals to be specified on claims.

The State Medicaid Agency will require ordering and referring physicians and other professionals to be enrolled under the State Plan no later than July 2012.

42 CFR 455.450

SCREENING LEVELS FOR MEDICAID PROVIDERS

X Assures that the State Medicaid Agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.

The State Medicaid Agency will be compliant no later than January 2013 when the MMIS system changes for the Affordable Care Act upgrades are anticipated to be implemented.

Changes are required in order to identify providers with a categorical risk level in the MMIS system, as well as provide the ability for this risk level to be adjusted as required under 455-450(e).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAMState/Territory: WASHINGTON4.46 Provider Screening and Enrollment (cont)

42 CFR 455.460

APPLICATION FEE

X Assures that the State Medicaid Agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act and 42 CFR 455.460.

The State Medicaid Agency will be compliant no later than January 2013 when the MMIS system changes for the Affordable Care Act upgrades are anticipated to be implemented.

42 CFR 455.470

TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS

X Assures that the State Medicaid Agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance