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State/Territory Name: Washington

State Plan Amendment (SPA) #: 17-0013

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

June 23, 2017

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
P O Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 17-0013

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number 17-0013. This SPA amends current language under Attachment 4.22-A: Requirements for Third Party Liability - Identifying Liable Third Parties - diagnosis and trauma code edits to align with the Code of Federal Regulations 443.138. Additionally, this SPA modifies the frequency of Treatment Questionnaires sent to Medicaid beneficiaries to gain clarification on the accident or incident that led to the paid claim, from two additional requests to one if the beneficiary does not respond to the initial letter.

This SPA is approved effective April 1, 2017. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Washington State Plan.

If there are any questions concerning this approval, please contact me or your staff may contact Kendra Sippel-Theodore at kendra.sippel-theodore@cms.hhs.gov or at (206) 615-2065.

Sincerely,

A black rectangular redaction box covering the handwritten signature of David L. Meacham.

Digitally signed by David L. Meacham -S
DN: c=US, o=U.S. Government,
ou=HHS, ou=CMS, ou=People,
0.9.2342.19200300.100.1.1=200004185
8, cn=David L. Meacham -S
Date: 2017.06.23 13:39:23 -07'00'

David L. Meacham
Associate Regional Administrator

Enclosure

cc:
Ann Myers, HCA
Mark Benya, HCA

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

1. TRANSMITTAL NUMBER:
17-0013

2. STATE
Washington

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

4. PROPOSED EFFECTIVE DATE
April 1, 2017

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 433.138

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$0
b. FFY 2018 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 4.22-A page 3
Appendix A to Attachment 4.22-A (remove)

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

Att. 4.22-A page 3
Appendix A to Attachment 4.22-A (remove)

10. SUBJECT OF AMENDMENT

Identifying Liable Resources – Third Party Liability for Trauma, Injury, and Other Causes (P&I)
~~Coordination of Benefits (P&I)~~

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:
MARYANNE LINDEBLAD

14. TITLE:
MEDICAID DIRECTOR

15. DATE SUBMITTED:

5-25-17

16. RETURN TO:

Ann Myers
Office of Rules and Publications
Legal and Administrative Services
Health Care Authority
626 8th Ave SE MS: 42716
Olympia, WA 98504-2716

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

5-25-17

18. DATE APPROVED:

06-23-17

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2017

20. SIGNATURE:

Digitally signed by David L. Meacham-S
ou=CMS, ou=People,
0.9.2342.19200300.100.1.1=2000041858,
cn=David L. Meacham-S
Date: 2017.06.23.13:40:51 -07'00'

21. TYPED NAME: David L. Meacham

22. TITLE:

Associate Regional Administrator

23. REMARKS:

6/19/17 - State authorized P&I change to box 10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

REQUIREMENTS FOR THIRD PARTY LIABILITY - IDENTIFYING LIABLE RESOURCES (cont.)

2. Within 30 days of receipt of information from above referenced Data Matches, and within 60 days of receipt of health insurance information, a file is set up in the third party data base to affect claims processing.

When complete information is received on a data match form or health insurance form, the information is immediately entered into the third party data base.

When incomplete information is received, state and private health insurance eligibility systems (as they become available) are contacted via telephone, mail, electronic correspondence, and online to obtain complete information to enter into the data base within the time frames described above.

Contact includes the:

- a. Recipient, absent parent, parent
 - b. Employer
 - c. Insurance company
 - d. Providers
 - e. Other governmental agencies
3. As a resource for agency staff, Treatment Questionnaires (TQs) are automatically generated in the MMIS system, based on paid claims that contain diagnosis codes indicative of trauma, accident, injury or other consequences of external causes centered on established cost-effective guidelines. The TQs are sent to clients for clarification of the incident that led to the claim. If the client does not respond, one additional TQ letter is generated after the 30 day 'aging date.' The MMIS system tracks the TQ aging date based on a system update made by agency staff, documenting whether or not a response is received.

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