

## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 20-0026**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 17, 2021

Susan Birch, Director  
MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
PO Box 45502  
Olympia, WA 98504-5010

Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number WA-20-0026. This SPA was submitted in order to update the information regarding telehealth/telemedicine services in the Medicaid State Plan. Because telehealth/telemedicine is a method of delivering services and not an actual service, it is not necessary to include information about telehealth/telemedicine in the state plan. Therefore, SPA 20-0026 removes that information.

This SPA is approved effective October 1, 2020. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Washington State Plan.

If you have any questions, please contact Nikki Lemmon at 303-844-2641 or via email at [nicole.lemmon@cms.hhs.gov](mailto:nicole.lemmon@cms.hhs.gov).

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. There are some faint blue and red ink marks around the box.

ed by James G. Scott -5  
3.17 14:04:01 -05'00'

James G. Scott, Director  
Division of Program Operations

Enclosure

cc:

Ann Myers, HCA  
Jodi Kunkel, HCA  
Christopher Chen, HCA

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

1. TRANSMITTAL NUMBER:  
**20-0026**

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  
October 1, 2020

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:  
1902(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2021 \$0  
b. FFY 2022 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A pages 10a, 10b (remove all)  
Attachment 3.1-B pages 11a, 11b (remove all)  
Attachment 4.19-B page 45

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19-B page 45

10. SUBJECT OF AMENDMENT:

Telehealth/Telemedicine Update

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED: Exempt  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
MaryAnne Lindeblad

14. TITLE:  
Director

15. DATE SUBMITTED:  
12/21/2020

16. RETURN TO:

Ann Myers  
Rules and Publications  
Division of Legal Services  
Health Care Authority  
626 8<sup>th</sup> Ave SE MS: 42716  
Olympia, WA 98504-2716

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 12/21/20

18. DATE APPROVED:  
March 17, 2021

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
10/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: James G. Scott

22. TITLE: Director, Division of Program Operations

23. REMARKS:

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

## XX. Telemedicine/telehealth services

Payment for telemedicine/telehealth services is made as follows:

Originating sites (the physical location of the client at the time the service is provided) are paid a facility fee per completed transmission, according to the fee schedule.

Distant sites (the physical location of the practitioner providing the service) are paid the current fee schedule amount for the service provided.

Maximum allowable fees are developed using the Resource Based Relative Value Scale (RBRVS) methodology. Rates are established and updated using the RBRVS methodology as adopted in the Medicare Fee Schedule Data Base (MFSDB), or flat fee (based upon market value, other state's fee, budget impacts, etc.). In the RBRVS methodology, under Washington Administrative Code, chapter 182-531, the State uses CMS-established relative value units (RVU) multiplied by the Geographic Practice Cost Indices (GPCI) and the conversion factors, both of which are specific to Washington. Current conversion factors and descriptions are found in Supplement 3 to Attachment 4.19-B.

Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of telemedicine/telehealth services. See 4.19-B, I, General, #G for the agency's website where the fee schedules are published.