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State/Territory Name: DC

State Plan Amendment (SPA) #: 24-0001

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

March 22, 2024

Melisa Byrd
Senior Deputy Director/Medicaid Director
441 4th Street, NW, 9th Floor, South
Washington, DC 20001

RE: TN 24-0001

Dear Byrd:

We have reviewed the proposed D.C. State Plan Amendment (SPA) to Attachment 4.19-B which was received by the Centers for Medicare & Medicaid Services (CMS) on February 20, 2024. This plan amendment is adding Inter-professional Consultation and Collaborative Care Services under the District's physician services benefit.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. We are enclosing the approved CMS-179 and the state plan pages.

If you have any additional questions or need further assistance, please contact Lindsay Michael at 410-786-7197 or Lindsay.michael@cms.hhs.gov

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: DC 24-0001	2. STATE: District of Columbia
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: January 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §440.50	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars): a. FFY 2024 \$ <u>256,886</u> b. FFY 2025 \$ <u>332,599</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 4	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, Page 4	

9. SUBJECT OF AMENDMENT: To add new services, Interprofessional Consultation, and collaborative care services, implemented using the Collaborative Care Model, under the physician benefit to expand access to and improve integration of physical and behavioral health care.

10. 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:
D.C. Act: 22-434

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Melisa Byrd Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4 th Street, NW, 9 th Floor, South Washington, DC 20001
12. TYPED NAME Melisa Byrd	
13. TITLE Senior Deputy Director/Medicaid Director	
14. DATE SUBMITTED 2/20/2024	

FOR CMS USE ONLY

16. DATE RECEIVED February 20, 2024	17. DATE APPROVED March 22, 2024
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PLAN APPROVED – ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024	19. SIGNING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, FMG Division of Reimbursement Review
22. REMARKS	

6. Physician and Specialty Services

- a. For service where the procedure code falls within the Medicare (Title XVIII) fee schedule, payment will be the lesser of the Medicare rate; the actual charges to the general public; or the rate listed in DHCF's fee schedule. Effective January 1, 2011, DHCF will use the Medicare rates to determine the Medicaid rates for services on or after that date. Beginning January 1, 2011, physician and specialty rates will be reimbursed at eighty percent (80%) of the Medicare rate. All rates will be updated annually pursuant to the Medicare fee schedule. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published in www.dc-medicaid.com. Effective January 1, 2015 through September 30, 2015, the state reimburses for services provided by physicians with a primary specialty designation of family medicine, pediatric medicine or internal medicine using the enhanced rates in effect pursuant to the requirements of 42 C.F.R. 447.400(a).

Effective January 1, 2016, the state reimburses for specified services provided by qualified physicians and advanced practice registered nurses (APRNs) with a primary specialty designation of family medicine, pediatric medicine, psychiatry, obstetrics and gynecology or internal medicine utilizing Evaluation and Management (E&M) Codes and Vaccine Administration Codes authorized in Supplement 3 to Attachment 4.19B. Both physicians and APRNs shall deliver services that are predicated upon their scopes of practice and are in accordance with rules and regulations promulgated by the District of Columbia Health and Occupations Board.

Effective January 1, 2024, DHCF will reimburse Interprofessional Consultations and Collaborative Care Services at one hundred percent (100%) of Medicare rates. All rates will be updated annually pursuant to the Medicare fee schedule. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published in www.dc-medicaid.com.

- b. Effective January 1, 2011, for services where the procedure code does not fall within the Medicare fee schedule, DHCF will apply the lowest of the following: (1) usual and customary charges; (2) rates paid by the surrounding states of Maryland and Virginia; or (3) rates set by national benchmark compendiums when available.