

## **Table of Contents**

**State/Territory Name: District of Columbia**

**State Plan Amendment (SPA) #: 17-002**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
150 S. Independence Mall West  
Suite 216, The Public Ledger Building  
Philadelphia, Pennsylvania 19106-3499



**Region III/Division of Medicaid and Children's Health Operations**

---

SWIFT # 091920174085

**October 10, 2017**

Claudia Schlosberg, J.D.  
Senior Deputy Director/Medicaid Director  
Department of Health Care Finance  
441 4<sup>th</sup> Street, N.W., 9<sup>th</sup> floor, South  
Washington, D.C. 20001

Dear Ms. Schlosberg:

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 17-005 entitled, Outpatient Hospital Supplemental Payment Fiscal Year 2018 Extension. This amendment will continue the District's ability to provide supplemental payments to eligible District hospitals that participate in the Medicaid program. Supplemental payments for outpatient hospital services will occur during the period October 1, 2017 through September 30, 2018.

We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is October 1, 2017. A copy of the approved SPA pages and signed CMS-179 form are included under this cover.

If you have any further questions regarding this SPA, please contact LCDR Frankeena Wright at 215-861-4754 or by email at [Frankeena.Wright@cms.hhs.gov](mailto:Frankeena.Wright@cms.hhs.gov).

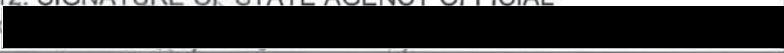

Sincerely,

A black rectangular redaction box covering the signature of Francis T. McCullough.

Francis T. McCullough  
Associate Regional Administrator

Enclosures

cc: Alice Weiss, DHCF  
Sabrina Tillman Boyd, CMS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: <p style="text-align:center;"><b>17-005</b></p>	2. STATE District of Columbia
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	
4. PROPOSED EFFECTIVE DATE <p style="text-align:right;">October 1, 2017</p>		
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )		
6. FEDERAL STATUTE/REGULATION CITATION 42 USCA § 1396a(30) and 42 CFR § 447.321	7. FEDERAL BUDGET IMPACT  FFY18: \$ 12,553,002	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19B, Part I: pages 6a-5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  Attachment 4.19B, Part I: pages 6a-5	
10. SUBJECT OF AMENDMENT:  <p style="text-align:center;"><b>Outpatient Hospital Supplemental Payment Fiscal Year 2018 Extension</b></p>		
11. GOVERNOR'S REVIEW ( <i>Check One</i> ) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                                      D.C. Act: <u>22-104</u> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO  Claudia Schlosberg, J.D. Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4 <sup>th</sup> Street, NW, 9 <sup>th</sup> Floor, South Washington, DC 20001	
13. TYPED NAME Claudia Schlosberg J.D.	14. TITLE Senior Deputy Director/Medicaid Director	
15. DATE SUBMITTED 10/15/2017	17. DATE RECEIVED                      August 2, 2017	
<b>FOR REGIONAL OFFICE USE ONLY</b>		
18. DATE APPROVED <p style="text-align:right;">October 10, 2017</p>		19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2017
<b>PLAN APPROVED – ONE COPY ATTACHED</b>		
20. SIGNATURE OF REGIONAL OFFICIAL 	21. TYPED NAME                      Francis McCullough	
22. TITLE                      Associate Regional Administrator		

**k. Outpatient Hospital Supplemental Payment**

Beginning Fiscal Year 2018, each eligible hospital shall receive a supplemental hospital access payment calculated as set forth below:

- 1) For visits and services beginning October 1, 2017 and ending on September 30, 2018, quarterly access payments shall be made to each eligible private hospital. Each payment shall be an amount equal to each hospital's District Fiscal Year (DFY) 2015 outpatient Medicaid payments divided by the total in District private hospital DFY 2015 outpatient Medicaid payments multiplied by one quarter (1/4) of the total outpatient private hospital access payment pool. The total outpatient private hospital access payment pool shall be equal to the total available spending room under the private hospital outpatient Medicaid upper payment limit for DFY 2018 as determined by the State Medicaid agency;
- 2) Applicable private hospital DFY 2015 outpatient Medicaid payments shall include all outpatient Medicaid payments to Medicaid participating hospitals located within the District of Columbia except for the United Medical Center; and
- 3) For visits and services beginning October 1, 2017, quarterly access payments shall be made to the United Medical Center. Each payment shall be equal to one quarter (1/4) of the total outpatient public hospital access payment pool. The total outpatient public hospital access payment pool shall be equal to the total available spending room under the District-operated hospital outpatient Medicaid upper payment limit for DFY 2018.

**l. Appeals**

All in-District and out-of-District hospitals that provide outpatient services shall be subject to the appeal and administrative review requirements described under Part V, Attachment 4.19-A of the State Plan.