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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 18-005

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
801 Market Street, Suite 9400
Philadelphia, Pennsylvania 19107-3134



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

SWIFT # 081420184091

October 23, 2018

Angelique Martin
Deputy Director of Finance
Department of Health Care Finance
441 4th Street, N.W., 9th floor, South
Washington, D.C. 20001

Dear Ms. Martin:

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 18-005 entitled, Physician Supplemental Payment. This amendment will allow the District to make supplemental payments in Fiscal Year 2019 to Medicaid-enrolled physician group practices that contract with a public, general hospital located in an economically underserved area of the District to provide at least two of the following services: inpatient, emergency department, or intensive care physician services.

We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is October 1, 2018. 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.

Sincerely,

A redacted signature consisting of a solid black rectangular block.

Francis T. McCullough
Associate Regional Administrator

Enclosures

cc: Alice Weiss, DHCF
Sabrina Tillman Boyd, CMS

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|---|--|----------------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 18-005 | 2. STATE District of Columbia |
| | 3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act | |
| FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 4. PROPOSED EFFECTIVE DATE October 1, 2018 | |
| TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services | | |

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)

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|--|--|
| 6. FEDERAL STATUTE/REGULATION CITATION Section 1902(a)(10)(A) of the Social Security Act (42 USC § 1396a(a)(10)(A)) | 7. FEDERAL BUDGET IMPACT FFY 19 \$ 3,150,000.00; FFY 20: \$0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B, p. 4.1 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New |

10. SUBJECT OF AMENDMENT:

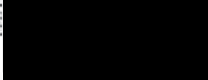
Physician Supplemental Payment

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:

As part of the District State Plan Amendment development process, the Executive Office of the Mayor reviews and provides feedback on all State Plan Amendments prior to submission to CMS. Any feedback received from the Executive Office of the Mayor is reflected in this submission.

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| 12. STATE AGENCY OFFICIAL  | 16. RETURN TO Angelique Martin Deputy Director-Medicaid Finance and Interim Senior Deputy Director & State Medicaid Director Department of Health Care Finance 441 4 th Street, NW, 9 th Floor, South Washington, DC 20001 |
| 13. TYPED NAME Angelique Martin | |
| 14. TITLE Deputy Director-Medicaid Finance and Interim Senior Deputy Director & State Medicaid Director | |
| 15. DATE SUBMITTED AUG 8 2018 | |

FOR REGIONAL OFFICE USE ONLY

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|--------------------------------------|---------------------------------------|
| 17. DATE RECEIVED August 13, 2018 | 18. DATE APPROVED October 22, 2018 |
|--------------------------------------|---------------------------------------|

PLAN APPROVED – ONE COPY ATTACHED

| | |
|--|--|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2018 | 20.  |
| 21. TYPED NAME Francis McCullough | 22. TITLE Associate Regional Administrator |

23. REMARKS

6. Physician and Specialty Services (Continued)

- c. The District uses both the facility and non-facility rates that are derived from the Medicare physician fee schedule, which is effective on January 1 of each calendar year. For FY 2018, the District uses the Medicare physician fee schedule effective January 1, 2018 through December 31, 2018. The Medicaid Management Information System (MMIS) is calibrated to reimburse either the facility or non-facility rates, depending on the place of service (facility or non-facility) noted on the provider submitted claims.
- d. For services rendered on or after October 1, 2018 through September 30, 2019, quarterly supplemental payments in the amount of one million and one hundred and twenty-five thousand dollars (\$1,125,000.00) shall be equally distributed among physician groups. Supplemental payments shall not exceed four and a half (\$4.5) million for Fiscal Year (FY) 2019. Supplemental payments shall be made quarterly, no later than thirty (30) days after the end of the quarter.

To receive a supplemental payment, a physician group shall meet all of the following conditions:

- i. Be a group practice, consistent with the conditions set forth under 42 C.F.R. § 411.352, and additionally have at least five hundred (500) physicians that are members of the group (whether employees or direct or indirect owners) as defined at 42 C.F.R. § 411.351;
- ii. Be screened and enrolled with the Department of Health Care Finance (DHCF); and
- iii. Contract with a public, general hospital located in an economically underserved area of the District of Columbia to provide at least two (2) of the following services to Medicaid beneficiaries:
 - A. Inpatient services, as described in Supplement 1 to Attachment 3.1A, section 1.B, page 2, and Supplement 1 to Attachment 3.1B, section 1.B, page 2 ;
 - B. Emergency hospital services, as described in Supplement 1 to Attachment 3.1A, section 24.E, page 28; Supplement 1 to Attachment 3.1B, section 24.E, page 27; and Attachment 4.19B, Part 1 section 20.a, page 11; or
 - C. Intensive care physician services, as authorized under Supplement 1 to Attachment 3.1A, section 5, pages 6b-7, and Supplement 1 to Attachment 3.1B, section 5, pages 5b-6.