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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 18-009

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 # 082120184030

November 2, 2018

Melisa Byrd
Medicaid Director
Department of Health Care Finance
441 4th Street, N.W., 9th floor, South
Washington, D.C. 20001

Dear Ms. Byrd:

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 18-009 entitled, Outpatient Hospital Services Supplemental Payment. This SPA will continue the District's ability to provide supplemental payments to eligible District hospitals that participate in the Medicaid program. Supplemental payments will be made for outpatient hospital services beginning October 1, 2018 and ending September 30, 2019.

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.


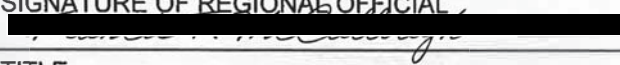
Sincerely,

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

Francis T. McCullough
Associate Regional Administrator

Enclosures

cc: Alice Weiss, DHCF
Eugene Simms, DHCF
Sabrina Tillman Boyd, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 18-009	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	
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		4. PROPOSED EFFECTIVE DATE: October 1, 2018
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: FFY19: \$ 12,499,344 FFY20: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Part I: pages 6a-5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, Part I: pages 6a-5	
10. SUBJECT OF AMENDMENT: Outpatient Hospital Supplemental Payment Fiscal Year 2019 Extension		
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 Angelique Martin Deputy Director-Medicaid Finance Interim Senior Deputy Director/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 Interim Senior Deputy Director/Medicaid Director	
15. DATE SUBMITTED AUG 20 2018	FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED August 20, 2018	18. DATE APPROVED October 30, 2018	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Francis McCullough	22. TITLE Associate Regional Administrator	
23. REMARKS		

k. Outpatient Hospital Supplemental Payment

Beginning Fiscal Year 2019, each eligible hospital shall receive a supplemental hospital access payment calculated as set forth below:

- 1) For visits and services beginning October 1, 2018 and ending on September 30, 2019, 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) 2016 outpatient Medicaid payments divided by the total in District private hospital DFY 2016 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 2019 as determined by the State Medicaid agency;
- 2) Applicable private hospital DFY 2016 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;
- 3) For visits and services beginning October 1, 2018, 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 2019; and
- 4) These supplemental payments are annual lump-sum amounts made in four quarterly installments. The District makes each quarterly payment not later than fifteen (15) days after the end of the quarter.

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.