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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 19-003

This file contains the following documents in the order listed:

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



Centers for Medicaid & CHIP Services

SWIFT #092020194005

December 10, 2019

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

Dear Director Byrd:

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 19-003 entitled, Physician Supplemental Payment. This amendment will allow the District to make supplemental payments in Fiscal Year 2020 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 November 23, 2019. A copy of the approved SPA pages and signed CMS-179 form are included under this cover.

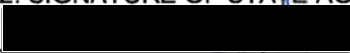

If you have any further questions regarding this SPA, please contact LCDR Frankeena McGuire at 215-861-4754 or by email at Frankeena.McGuire@cms.hhs.gov.

Sincerely,

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

Francis T. McCullough
Deputy Group Director
Financial Management Group

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 19-003	2. STATE District of Columbia
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	4. PROPOSED EFFECTIVE DATE October 1, 2019	
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 Section 1902(a)(10)(A) of the Social Security Act (42 USC § 1396a(a)(10)(A))	7. FEDERAL BUDGET IMPACT FFY20: \$ 3,150,000.00 FFY21: \$ 0.00	
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 (<i>If Applicable</i>) Attachment 4.19B, p. 4.1	
10. SUBJECT OF AMENDMENT: Physician Supplemental Payment		
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>22-434</u> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Melisa Byrd 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 Melisa Byrd		
14. TITLE Senior Deputy Director & State Medicaid Director		
15. DATE SUBMITTED 9/19/19		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED September 20, 2019	18. DATE APPROVED December 4, 2019	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL November 23, 2019	20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Francis McCullough	22. TITLE Deputy Group Director	
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 November 23, 2019 through June 30, 2020, supplemental payments in the amount of four million and five hundred thousand dollars (\$4,500,000.00) shall be equally distributed among physician groups. Supplemental payments shall not exceed four and a half (\$4.5) million dollars. Supplemental payments shall be made no later than June 30, 2020.

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.