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State Name: Virginia

State Plan Amendment (SPA) #: 12-02

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 Page

 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# 060720124014

JUN 29 2012

Cynthia B. Jones, Director Department of Medical Assistance Services 600 East Broad Street, Suite 1300 Richmond, Virginia 23219

Dear Ms. Jones:

We have reviewed State Plan Amendment (SPA) 12-02, in which the State establishes supplemental payments for services provided by Type One Physicians for furnished services provided on or after July 2, 2002. Effective January 3, 2012, the supplemental payment amount for Type One Physician services shall be the difference between the Medicaid payments otherwise made for physician services and 181% of Medicare rates. Supplemental payments shall be made quarterly, no later than 90 days after the end of the quarter.

This SPA is acceptable. Therefore, we are approving SPA 12-02 with an effective date of January 3, 2012. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have further questions about this SPA, please contact Margaret Kosherzenko at (215) 861-4288.

Sincerely, /S/ Francis McCullough Associate Regional Administrator

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	FORM APPROVED OMB No. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE 1 2 Virginia 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One)	4. PROPOSED EFFECTIVE DATE January 3, 2012	
NEW STATE PLAN	SIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	ENDMENT (Separate transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447	7. FEDERAL BUDGET IMPACT a. FFY 2012 \$ 8 25,000 b. FFY 2013 \$ 11,000,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attach. 4.19-B, Page 6.3 of 15	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same page	
10. SUBJECT OF AMENDMENT Supplemental Payments for Services Provided by '1. GOVERNOR'S REVIEW (Check One)		
 GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰¹² COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Secretary of Health and Human Resources 		
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO	
13. TYPED NAME Cynthia B. Jones 14. TITLE Director 15. DATE SUBMITTED 3/13/1000	Dept. of Medical Assistance Services 600 East Broad Street, #1300 Richmond VA-23219 Attn: Regulatory Coordinator	
	OFFICE USE ONLY	
17. DATE RECEIVED	18. DATE APPROVED JUN 29 2012	
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGTOMAL/DEFICIAL	
21. TYPED NAME FAANCIS McCullough 23. REMARKS	Associate Regional Administration / DMCHU	
FORM CMS-179 (07/92)	ns on Back	

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-OTHER TYPES OF CARE

17. Supplemental payments for services provided by Type One physicians.

- a. In addition to payments for physician services specified elsewhere in this State Plan, DMAS provides supplemental payments to Type One physicians for furnished services provided on or after July 2, 2002. A Type One physician is a member of a practice group organized by or under the control of a state academic health system or an academic health system that operates under a state authority and includes a hospital, who has entered into contractual agreements for the assignment of payments in accordance with 42 CFR 447.10.
- b. Effective July 2, 2002, the supplemental payment amount for Type I physician services shall be the difference between the Medicaid payments otherwise made for Type I physician services and Medicare rates. Effective August 13, 2002, the supplemental payment amount for Type I physician services shall be the difference between the Medicaid payments otherwise made for physician services and 143% of Medicare rates. Effective January 3, 2012, the supplemental payment amount for Type I physician services shall be the difference between the Medicaid payments otherwise made for physician services and 181% of Medicare rates. The methodology for determining the Medicare Equivalent of the Average Commercial Rate is described in Supplement 6 to Attachment 4.19-B.

c.

Supplemental payments shall be made quarterly, no later than 90 days after the end of the quarter.

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TN No.	12-02	Approval Date	Effective Date	01-03-12
Supersede	25			
TN No.	02-09			