

Table of Contents

State Name: Virginia

State Plan Amendment (SPA) #: 15-012

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 #111820154055

May 11, 2016

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

Dear Ms. Jones:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 15-012, Supplemental Payments for Services Provided by Physicians Affiliated with Eastern Virginia Medical Center Physicians. The purpose of SPA 15-012 is to revise the amount of supplemental payments to physicians affiliated with Eastern Virginia Medical Center Physicians. Virginia SPA 15-012 will change the supplemental payment amount to the difference between the Medicaid payments otherwise made for physician services and 137% of Medicare rates.

This SPA is acceptable. Therefore, we are approving SPA 15-012 with an effective date of October 1, 2015. Enclosed is the approved SPA page and signed CMS-179 form.

If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

Sincerely,

/S/

Francis McCullough
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER
2. STATE

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

4. PROPOSED EFFECTIVE DATE

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)

6. FEDERAL STATUTE/REGULATION CITATION

7. FEDERAL BUDGET IMPACT
a. FFY 2016 \$
b. FFY 2017 \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

10. SUBJECT OF AMENDMENT

11. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT ²⁰¹⁶
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
14. TITLE
15. DATE SUBMITTED

16. RETURN TO

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
22. TITLE

23. REMARKS
4/20/2016 Pen and ink change to Section 8 Attachment 4.19D changed to Attachment 4.19B - MK



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE –
OTHER TYPES OF CARE**

- 18.5 Supplement payments for services provided by physicians affiliated with Eastern Virginia Medical Center Physicians.
- a. In addition to payments for physician services specified elsewhere in the State Plan, DMAS provides supplemental payments to physicians affiliated with Eastern Virginia Medical Center Physicians for furnished services provided on or after October 1, 2012. A physician affiliated with Eastern Virginia Medical Center Physicians is a physician who is employed by a publicly-funded medical school that is a political subdivision of the Commonwealth of Virginia, who provides clinical services through the faculty practice plan affiliated with the publicly-funded medical school, and has entered into contractual arrangements for the assignment of payments in accordance with 42 CFR 447.10.
 - b. Effective October 1, 2015, the supplemental payment amount shall be the difference between the Medicaid payments otherwise made for physician services and 137% of Medicare rates. The methodology for determining the Medicare Equivalent of the Average Commercial Rate is described in Supplement 6, Attachment 4.19-B.
 - c. Supplemental payments shall be made quarterly, no later than 90 days after the end of the quarter.

TN No. <u>15-012</u>	Approval Date <u>May 11, 2016</u>	Effective Date <u>10-1-15</u>
Supersedes TN No. <u>12-17</u>		