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State/Territory Name: Virgin Islands

State Plan Amendment (SPA) #: VI-13-005

This file contains the following documents in the order listed:

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



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

Date: March 27, 2014

Ms. Renée Joseph Rhymer, MSW
Medicaid Director
Department of Human Services
1303 Hospital Ground
Knud Hansen Complex, Building A
St. Thomas, USVI 00802

Dear Ms. Joseph Rhymer:

We have completed our review of the United States Virgin Islands State Plan Amendment submittal 13-005, "Physician Services" (Attachment 4.19B, page 2 and Attachment 4.20A, page 1) and find it acceptable for incorporation into the United States Virgin Islands' Medicaid State Plan.

Enclosed please find copies of State Plan Amendment 13-005 and Form CMS-179. Please note that Form CMS-179 contains the agreed upon change to Box 15 making the official SPA submission date February 13, 2014.

The approval date of the SPA is March 27, 2014 and the effective date is January 1, 2014.

If you have any questions or wish to discuss this further, please contact Tara Porcher of my staff at 212-616-2418.

Sincerely,

/s/

Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosures

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

1. TRANSMITTAL NUMBER
13 - _005_

2. STATE
United States Virgin
Islands

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
January 1, 2014

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN XAMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION
42CFR 447.204

7. FEDERAL BUDGET IMPACT
a. FFY 2014 \$ 500,000
b. FFY 2015 \$ 1,000,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19B, page 2
Attachment 4.20-A, page 1 ****Please see remarks**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (if Applicable)
Attachment 4.19B, page 2
Attachment 4.20-A, page 1

10. SUBJECT OF AMENDMENT

The USVI proposes that effective January 1, 2014 it will pay Medicaid enrolled physicians for inpatient and outpatient procedures performed in an inpatient setting for Medicaid eligible patients at 100% of the current Medicare rates.

11. GOVERNOR'S REVIEW (Check One)

NE STATE PLAN OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 XNO REPLY RECEIVED 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL
/s/

13. TYPED NAME
Lennox Zamore

14. TITLE
Director
Family Assistance Programs
Department of Human Services

15. DATE SUBMITTED
February 13, 2014

16. RETURN TO
Lennox Zamore, Director
Family Assistance Programs
Department of Human Services
1303 Hospital Ground
Knud Hansen Complex
Building A
Charlotte Amalie, St. Thomas
United States Virgin Islands 00802

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED
March 27, 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
January 01, 2014

20. SIGNATURE OF REGIONAL OFFICIAL
/s/

21. TYPED NAME

Michael Melendez

22. TITLE
**Associate Regional Administrator
Division of Medicaid and State Operations**

23. REMARKS

**** This SPA proposes that effective January 1, 2014 it will pay Medicaid enrolled physicians for inpatient and outpatient procedures performed in an inpatient setting for Medicaid eligible patients at 100% of the current Medicare rates.**

Methods and Standards for Establishing Payment Rates – Other Types of Care

4) EPSDT

- a) Examination, screening, testing and treatment rates paid per CPT code according to the fee schedule attached to each provider's Provider Agreement.

5) Family Planning

- a) Reimbursement for services paid per CPT code according to the current Virgin Islands Medicare fee schedule (area-50) that can be found at www.cms.gov/physicianfeesched/.

6) Physicians, Dentists and Other Practitioner's Services

- a) For on-island services provided by physicians, dentists and other practitioners attendant to a referral from the Department of Human Services or its agent, reimbursement will be paid per CPT for both inpatient and outpatient services according to the current Virgin Islands Medicare fee schedule (www.cms.gov/physiciansfeesched/).

- b) For off-island services, providers who receive a referral from the Department of Human Services will be paid according to the current Medicare rate in the locale where the service was provided.

7) Home Health Services

- a) Home Health Agency services are reimbursed based the current Virgin Island Medicare fee schedule.
- b) Home Health aide services are reimbursed based on the current Virgin Island Medicare fee schedule.

8) Medical Equipment and Supplies

- a) Reimbursed according to the current Virgin Island Medicare fee schedule.

9) Clinic Services

- a) Reimbursed according to the current Virgin Island Medicare fee schedule by procedure code.

10) Dental Services

- a) The fees in the referenced State's fee schedules are effective as of January 1, 2014 for services provided on or after that date and are published on the Department's fiscal agent's website at www.vimmis.com under the link for "rate code and information".

OFFICIAL

Conditions for Direct Payment for Physicians and Dentists' Services

1) Physicians, Dentists and Other Individual Practitioners' Services

The State Agency will make payments on the following basis:

- a. For on-island services provided by private physicians, dentists and other practitioners attendant to a referral from the Department of Human Services or its agent, reimbursement will be paid per CPT for both inpatient and outpatient services according to the current Virgin Islands Medicare fee schedule (www.cms.gov/physiciansfesched/).

- b. For off-island services, providers who receive a referral from the Department of Human Services will be paid according to the current Medicare rate established for that service in the state in which the service is provided.

TN 13-005

Approval Date MAR 27 2014

Effective Date 1/01/14

Supersedes

TN 74-001