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State/Territory Name: DC

State Plan Amendment (SPA) #: 24-0017

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 Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

September 17, 2024

Melisa Byrd
Senior Deputy Director/Medicaid Director
441 4th Street, NW, 9th Floor, South
Washington, DC 20001

RE: TN 24-0017

Dear Byrd:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed DC state plan amendment (SPA) to Attachment 4.19-B, 24-0017 which was submitted to CMS on July 1, 2024. This plan amendment will continue to provide periodic supplemental payments in Fiscal Year 2025 to Medicaid-enrolled physician groups.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Lindsay Michael at 410-786-7197 or Lindsay.michael@cms.hhs.gov.

Sincerely,

[Redacted Signature]

Todd McMillion, Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 24-0017	2. STATE: District of Columbia
	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, 2024
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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: Section 1902(a)(10)(A) of the Social Security Act (42 USC § 1396a(a)(10)(A))	7. FEDERAL BUDGET IMPACT: FFY24: \$ 0 FFY25: \$ <u>\$3,150,000.00</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, p. 4.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, pp. 4.1
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10. SUBJECT OF AMENDMENT:
Physician Supplemental Payment

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **D.C. Act: 22-434**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

<p>12. TYPED NAME OF AGENCY OFFICIAL</p> <p></p> <p>13. TYPED NAME Melisa Byrd</p> <p>14. TITLE Senior Deputy Director/Medicaid Director</p> <p>15. DATE SUBMITTED</p>	<p>16. RETURN TO</p> <p>Melisa Byrd Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4th Street, NW, 9th Floor, South Washington, DC 20001</p>
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FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 7/1/24	18. DATE APPROVED September 17, 2024
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 10/1/24	OFFICIAL
21. TYPED NAME Todd McMillion	22. TITLE Director, DRR

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 **October 1, 2024 through June 30, 2025**, 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. Payments shall be made in three (3) installments, aligning with the end of the first (1st), second (2nd), and third (3rd) quarters of the federal FY. All supplemental payments shall be made no later than **June 30, 2025**. Total Medicaid payments, including supplemental payments, will not exceed one hundred percent (100%) of the Medicare fee schedule.

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 publicly owned and operated general hospital located in an economically underserved area of the District of Columbia to provide at least **one (1)** 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.