

## **Table of Contents**

**State/Territory Name: DC**

**State Plan Amendment (SPA) #: 21-0001**

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  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

April 12, 2021

Melisa Byrd  
Medicaid Director  
Department of Health Care Finance  
441 4<sup>th</sup> Street, N.W., 9<sup>th</sup> Floor, South  
Washington, D.C. 20001

RE: DC-20-0001

Dear Ms. Byrd:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan. This amendment continues a physician supplemental payment for fiscal year 2021.

Based upon the information provided by D.C., CMS is approving the amendment with an effective date of January 1, 2021. We are enclosing the approved CMS-179 and a copy of the approved plan page.

If you have any additional questions or need further assistance, please contact Division of Reimbursement Review (DRR) analyst Gary Knight at (304) 347-5723 or [Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: <p style="text-align: center;"><b>21-0001</b></p>	2. STATE: <p style="text-align: center;"><b>District of Columbia</b></p>
3. PROGRAM IDENTIFICATION: <p style="text-align: center;"><b>Title XIX of the Social Security Act</b></p>		

TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	4. PROPOSED EFFECTIVE DATE: <p style="text-align: center;"><b>October 1, 2020</b>    January 1, 2021</p>
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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:  <b>Section 1902(a)(10)(A) of the Social Security Act (42 USC § 1396a(a)(10)(A))</b>	7. FEDERAL BUDGET IMPACT:  FFY21: <u>\$ 3,429,000.00</u> FFY22: <u>\$ 0.00</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.198, p. 4.1</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Attachment 4.198, p. 4.1</b>
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10. SUBJECT OF AMENDMENT:  
**Physician Supplement 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: 23-408**  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO  Melisa Byrd Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4 <sup>th</sup> Street, NW, 9 <sup>th</sup> Floor, South Washington, DC 20001
13. TYPED NAME  <b>Melisa Byrd</b>	
14. TITLE  <b>Senior Deputy Director/Medicaid Director</b>	
15. DATE SUBMITTED January 15, 2021	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED January 15, 2021	18. DATE APPROVED <p style="text-align: right;">April 12, 2021</p>
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review

23. REMARKS

P&I change to Block 4 effective date to align with SPA submission regulations .

## 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 January 1, 2021 through June 30, 2021, supplemental payments in the amount of four million 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, 2021.

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.