

- (d) Diabetic preparations (e.g., Insulin, syringes, etc.);
- (e) Pediatric, prenatal and geriatric vitamin formulations;
- (f) Family planning drugs and supplies; and
- (g) Senna extract, single dose preparations when required for diagnostic radiological procedures performed under the supervision of a physician.

6. Physician and Specialty Services

- (a) For services where the procedure code falls within the Medicare (Title XVIII) fee schedule, payment will be the lesser of the Medicare rate; the actual charges to the general public; or the rate listed in DHCF's fee schedule. Effective January 1, 2011, DHCF will use the Medicare rates to determine the Medicaid rates for services on or after that date. Beginning January 1, 2011, physician and specialty services rates will be reimbursed at eighty percent (80%) of the Medicare rate. All rates will be updated annually pursuant to the Medicare fee schedule. Except as otherwise noted in the Plan, the DHCF developed fee schedule rates are the same for both governmental and private.
- (b) Effective January 1, 2011, for services where the procedure code does not fall within the Medicare fee schedule, DHCF will apply the lowest of the following: (1) usual and customary charges; (2) rates paid by the surrounding states of Maryland or Virginia; or (3) rates set by national benchmark compendiums when available.
- (c) DHCF shall provide a one-time, supplemental payment for physician and specialty services for each provider participating in the District's Medicaid program between January 1, 2011 and February 29, 2012. For each provider participating in the District's Medicaid program between January 1, 2011 and February 29, 2012, DHCF will establish a pool of funds that shall be equal to and shall not exceed the difference between 100% of the Medicare rate in effect for that period and 80% of the Medicare rate in effect for that period (the Medicaid payment rate) for all claims paid to that provider between January 1, 2011 and February 29, 2012. Each provider participating in the District's Medicaid program between January 1, 2011 and February 29, 2012 shall receive a provider-specific supplemental payment based on the claims submitted to DHCF during the three month period beginning with the effective date of this state plan provision (May 1, 2013), (hereinafter the "payment period"). The supplemental payment will be calculated as to the total of each provider's pool, divided by the paid claims submitted for the payment period by each provider and added proportionally to the fee-for-service rate paid to that provider during the payment period. All payments shall be made as a lump sum adjustment at the end of the defined three month payment period.

7. Nursing Home Services
See attachment 4.19D.