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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 15-0002

This file contains the following documents in the order listed:

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

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 # 041020154004

JUN 08 2015

Claudia Schlosberg, J.D.
Senior Deputy Director/State Medicaid Director
Department of Health Care Finance
441 4th Street, N.W., Suite 900 South
Washington, D.C. 20001

Dear Ms. Schlosberg:

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 15-002 entitled, Primary Care Rate Increase. This amendment will enable the District's Medicaid program to extend an existing primary care rate increase to providers until September 30, 2015.

We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is January 1, 2015.

A copy of the approved SPA pages and signed CMS-179 form are included under this cover.

If you have any further questions regarding this SPA, please contact Alice Robinson Penn at 215-861-4261 or by email at Alice.RobinsonPenn@cms.hhs.gov.

Sincerely,

/S/

 Francis McCullough
Associate Regional Administrator

Enclosures

cc: M. Diane Fields, DHCF

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 15-002	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 January 1, 2015

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 42 CFR 435.112 Section 1902(A)(52) Section 1925 of the Act	7. FEDERAL BUDGET IMPACT a. FFY 15 \$ 2,300,000 b. FFY
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 3 to Attachment 4.19B, pp1-2 Attachment 4.19B, pp 4-4a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 3 to Attachment 4.19B, pp1-3 Attachment 4.19B, p.4


10. SUBJECT OF AMENDMENT:

Primary Care Rate Increase

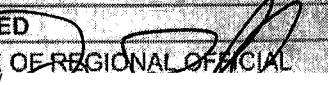
11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: PR21-0048

SIGNATURE 	16. RETURN TO Claudia Schlosberg, J.D. Senior Deputy Director/State Medicaid Director Department of Health Care Finance 441 4 th St. N.W., Suite 900 South Washington, DC 20001
13. TYPED NAME Claudia Schlosberg, JD	
14. TITLE Senior Deputy Director/State Medicaid Director	
15. DATE SUBMITTED March 12, 2015	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED MARCH 12, 2015	18. DATE APPROVED JUN 08 2015
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL JANUARY 1, 2015	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME FRANCIS T. MCCULLOUGH	22. TITLE ASSOCIATE REGIONAL ADMINISTRATOR

- (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 service 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. Effective January 1, 2015 through September 30, 2015, the state reimburses for services provided by physicians with a primary specialty designation of family medicine, pediatric medicine or internal medicine using enhanced rates as authorized in Supplement 3 to Attachment 4.19B.
- (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 and 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 one hundred percent (100%) of the Medicare rate in effect for that period and eighty percent (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

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: District of Columbia

Reimbursement for Increased Primary Care Service Payment

The state reimburses for services provided by physicians with a primary specialty designation of family medicine, pediatric medicine or internal medicine as if the requirements of 42 CFR 447.400(a) remain in effect. The state will pay for these services using the enhanced rates in effect for these providers on January 1, 2014.

☒ The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.

A. ☐ ☐ Method of Payment

☒ The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code. The District will adopt rates on an annual basis.

B. Primary Care Services Affected by this Payment Methodology

☐ This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499 except for the following:

☒ Evaluation and Management Codes: 99238, 99239, 99289, 99290, 99292, 99294, 99295, 99296, 99298, 99299, 99300, 99315, 99316, 99326, 99339, 99340, 99358, 99359, 99360, 99374, 99375, 99377, 99378, 99379, 99380, 99386, 99387, 99402, 99403, 99412, 99420, 99431, 99432, 99433, 99435, 99436, 99440, 99499; and Vaccine Administration Codes: 90460, 90465, 90466, 90467, 90468, 90473, and 90474.

C. Physician Services – Vaccine Administration

For services provided on or after January 1, 2015, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the state regional maximum administration fee set by the Vaccines for Children (VFC) program.

TN No: 15-002

Supersedes

TN No: 13-04

Approval Date: JUN 08 2015

Effective Date: January 1, 2015

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 proportionately 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)

D. Effective Date of Payment

a. E & M Services

This reimbursement methodology applies to services delivered on and after January 1, 2015, ending on September 30, 2015. All rates are published on the Department of Health Care Finance's website at www.dhcf.dc.gov.

b. Vaccine Administration

This reimbursement methodology applies to services delivered on and after January 1, 2015, ending on September 30, 2015. All rates are published on the Department of Health Care Finance's website www.dhcf.dc.gov.

JUN 08 2015

TN No: 15-002

Supersedes

TN No: 13-04

Approval Date: _____

Effective Date: January 1, 2015