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State Name: Delaware

State Plan Amendment (SPA) #14-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 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# 121520144006

MAR 1 0 2015

Mr. Stephen M. Groff, Director Division of Medicaid and Medical Assistance P.O. Box 906 New Castle, DE 19720-0906

Dear Mr. Groff:

We are pleased to inform you of the approval of Delaware State Plan Amendment (SPA) 14-0015 to amend the State Plan to extend the primary care physician services rate increase at the regular federal matching rate.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is January 1, 2015. If you have any questions, you may contact Michael Cleary at (215) 861-4282.

Prancis McCullough Associate Regional Administrator

Enclosures

HEALTH CARE FINANCING ADMINISTRATION OMB NO. 0938-0193						
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE				
STATE PLAN MATERIAL	SPA #14-0015	DELAWARE				
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)					
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):	4. PROPOSED EFFECTIVE DATE JANUARY 1, 2015					
<u> </u>		ON ANGENDAGE				
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN XXX AMENDMENT						
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)				
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:					
§1905 of the Social Security Act (a)(5)(A), 42 CFR §440.50, 42 CFR						
§447.400 and 42 CFR §447.405	b. FFY <u>2016</u> \$ <u>131,988.00</u> (Twel					
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):					
ATTACHMENT 4.19-B INTRODUCTION PAGE 7	NEW					
ATTACHMENT 4.19-B INTRODUCTION PAGE 7.1	NEW					
ATTACHMENT 4.19-B INTRODUCTION PAGE 7.2	NEW					
ATTACHMENT 4.19-B INTRODUCTION PAGE 7.3	NEW					
10. SUBJECT OF AMENDMENT: EXTENSION OF INCREASED MEDIC 1, 2015	CAID PAYMENT FOR PRIMARY CARE SER	VICES EFFECTIVE JANUARY				
11. GOVERNOR'S REVIEW (Check One):						
GOVERNOR'S OFFICE REPORTED NO COMMENT	XXX OTHER, AS SPECIF					
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor's comments under separate					
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	correspondence					
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:					
//Stephen M. Groff – signature//						
13. TYPED NAME:	Stephen M. Groff					
	Director					
Stephen M. Groff, Director, Division of Medicaid and Medical	Division of Medicaid and Medical Assis	stance				
Assistance	P.O. Box 906					
14. TITLE: Designee for Rita M. Landgraf, Secretary, Delaware	New Castle, Delaware 19720-0906					
Health and Social Services						
15. DATE SUBMITTED:		•				
December 12, 2014 FOR REGIONAL OFFICE USE ONLY						
	FICE USE ONLY	018				
17. DATE RECEIVED:	18. DATE APPROVEDMAR 1 02	2015				
DCCimoci 12, 2014						
PLAN APPROVED – ONE COPY-APS ACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: 20 SUPPLIFIED OF REGIONAL OFFICIAL:						
January 1, 2015	THE RESTRICTION OF THE PARTY OF					
21. TYPED NAME:						
Francis McCullough	Associate Regional Administrator					
23. REMARKS:	T. T. C.	, , , , , , , , , , , , , , , , , , , 				
	들이 이 동안들이 되었다는데 하는 사람들이 되었는데 나를 보는데 되었다.					

ATTACHMENT 4.19-B Introduction Page 7 OMB No. 0938-1148

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE:

DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Physician Services

Medicaid Payment for Primary Care Services

Payment for Primary Care Services

The state will continue to reimburse 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 remain in effect.

Primary care services eligible for enhanced payment include evaluation and management (E & M) services and vaccine administration services covered by the Delaware Medical Assistance Program (DMAP) and designated in the Healthcare Common Procedure Coding System (HCPCS).

Primary Care Physician Services Rendered On or After January 1, 2015:

- Primary care services rendered on or after January 1, 2015, that are eligible for payment pursuant to the requirements of 42 CFR 447.400(a), shall be paid at 100% of the Medicare physician fee schedule.
- The rates reflect all Medicare sites of service and locality adjustments.
- The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.
- The rates reflect all Medicare geographic/locality adjustments.
- If there is no applicable rate under Medicare Part B, the rate specified in a fee schedule established and as published annually by the federal Centers for Medicare and Medicaid Services, pursuant to 42 CFR 447.405(a)(1).

TN No. SPA #14-0015 Supersedes TN No. NEW PAGE Approval Date <u>MAR 1 0</u> 2015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE:

DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Physician Services

Medicaid Payment for Primary Care Services CONTINUED

The DMAP will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (codes and date added specified).

99408 - Added October 10, 2010

99409 - Added October 10, 2010

99224 - Added January 1, 2011

99225 - Added January 1, 2011

99226 - Added January 1, 2011

90673 - Added January 1, 2014

99481 - Added January 1, 2014

99482 - Added January 1, 2014

90673 - Added July 2, 2014

99481 - Added July 2, 2014

99482 - Added July 2, 2014

DMAP did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (codes specified).

99288	99324	99327	99335	99339	99359	99366	99374
99315	99325	99328	99336	99340	99363	99367	99375
99316	99326	99334	99337	99358	99364	99368	99376
99377	99380	99403	99407	99420	99442	99450	99261
99378	99401	99404	99411	99429	99443	99455	99262
99379	99402	99406	99412	99441	99444	99456	99263
99271	99274	99290	99295	99298	99301	99311	99321
99272	99275	99293	99296	99299	99302	99312	99322
99273	99289	99294	99297	99300	99303	99313	99323
99331	99351	99361	99372	99432	99436		
99332	99352	99362	99373	99433	99438		
99333	99353	99371	99431	99435	99440		

TN No. <u>SPA #14-0015</u>

Supersedes

TN No. NEW PAGE

Approval Date MAR 1 0 2013

ATTACHMENT 4.19-B Introduction Page 7.2 OMB No. 0938-1148

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE:

DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES — OTHER TYPES OF CARE

Physician Services

Medicaid Payment for Primary Care Services CONTINUED

Physician Services - Vaccine Administration Rendered On or After January 1, 2015

The vaccine administration rate will be the state regional administration fee set by the Vaccines for Children Program.

TN No. <u>SPA #14-0015</u> Supersedes TN No. <u>NEW PAGE</u> Approval Date MAR 1 0 2015

ATTACHMENT 4.19-B Introduction Page 7.3 OMB No. 0938-1148

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE:

DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES — OTHER TYPES OF CARE

Physician Services

Medicaid Payment for Primary Care Services CONTINUED

Effective Date of Payment

a. Evaluation & Management Services

This reimbursement methodology applies to services delivered on or after January 1, 2015. The fee schedule and any annual/periodic adjustments to the fee schedule are available on the Delaware Medical Assistance Program (DMAP) website at:

http://www.dmap.state.de.us/downloads/feeschedules.html

Except as otherwise noted in the plan, State-developed fee schedule rates are the same for both government and private providers.

b. Vaccine Administration

This reimbursement methodology applies to services delivered on or after January 1, 2015. The fee schedule and any annual/periodic adjustments to the fee schedule are available on the Delaware Medical Assistance Program (DMAP) website at:

http://www.dmap.state.de.us/downloads/feeschedules.html

Except as otherwise noted in the plan, State-developed fee schedule rates are the same for both government and private providers.

TN No. <u>SPA #14-0015</u> Supersedes

TN No. NEW PAGE

Approval Date MAR 1 0 2015