

## **Table of Contents**

**State/Territory Name: Washington D.C.**

**State Plan Amendment (SPA) #: \*\*\*\*SPA \*\*\*\***

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**

October 19, 2021

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

RE: TN 21-0005

Dear Senior Deputy Director:

We have reviewed the proposed D.C. State Plan Amendment (SPA) to Attachment 4.19-B DC 21-0005, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2021. This plan amendment updates the Outpatient Hospital Supplement Payment Fiscal Year 2021.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 9, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Kristina Mack-Webb at 410-786-8972 or [Kristina.mack-webb@cms.hhs.gov](mailto:Kristina.mack-webb@cms.hhs.gov)

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>21-005</b>	2. STATE: <b>District of Columbia</b>
	3. PROGRAM IDENTIFICATION: <b>Title XIX of the Social Security Act</b>	

TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	4. PROPOSED EFFECTIVE DATE: <b>January 9, 2021</b>
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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>42 USCA § 1396a(30) and 42 CFR § 447.321</b>	7. FEDERAL BUDGET IMPACT: <b>FFY21: \$ <u>4,075,000.00</u></b> <b>FFY22: \$ <u>4,075,000.00</u></b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19B, Part 1, p. 6a-5</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.19B, Part 1, p. 6a-5</b>
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10. SUBJECT OF AMENDMENT:  
**Outpatient Hospital Supplement Payment Fiscal Year 2021**

11. GOVERNOR'S REVIEW (Check One)

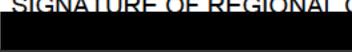
GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      **D.C. Act: 23-408**  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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 <b>3/31/21</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED <b>March 31, 2021</b>	18. DATE APPROVED <b>October 19, 2021</b>
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>January 9, 2021</b>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <b>Todd McMillion</b>	22. TITLE <b>Director, Division of Reimbursement Review</b>

23. REMARKS

**k. Outpatient Hospital Supplemental Payment**

In Fiscal Year 2020, each eligible hospital shall receive a supplemental hospital access payment calculated as set forth below:

- 1) For visits and services beginning November 30, 2019 and ending on January 8, 2021, quarterly access payments shall be made to each eligible private hospital. Each payment shall be an amount equal to each hospital's District Fiscal Year, three (3) years prior to the current fiscal year outpatient Medicaid payments, divided by the total in District private hospital for the same District Fiscal Year outpatient Medicaid payments multiplied by one quarter (1/4) of the total outpatient private hospital access payment pool. The total outpatient private hospital access payment pool shall be equal to the total available spending room under the private hospital outpatient Medicaid upper payment limit for the corresponding District year, as determined by the State Medicaid agency;
- 2) Applicable private hospital outpatient Medicaid payments shall include all outpatient Medicaid payments to Medicaid participating hospitals located within the District of Columbia except for the United Medical Center; and
- 3) For visits and services beginning November 30, 2019, ending January 8, 2021, quarterly access payments shall be made to the United Medical Center. Each payment shall be equal to one quarter (1/4) of the total outpatient public hospital access payment pool. The total outpatient public hospital access payment pool shall be equal to the total available spending room under the District-operated hospital outpatient Medicaid upper payment limit for the corresponding District Fiscal Year.
- 4) These supplemental payments are annual lump-sum amounts made in four quarterly installments. The District makes each quarterly payment not later than fifteen (15) days after the end of the quarter.

**l. Appeals**

All in-District and out-of-District hospitals that provide outpatient services shall be subject to the appeal and administrative review requirements described under Part V, Attachment 4.19-A of the State Plan.