

## **Table of Contents**

**State/Territory Name:**                      **District of Columbia**

**State Plan Amendment (SPA) #:**      **21-0019**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

---

January 26, 2022

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

Re: District of Columbia State Plan Amendment (SPA) 21-0019

Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) DC-21-0019. This SPA will permit the District of Columbia to comply with the third-party liability requirements authorized under the Bipartisan Budget Act (BBA) of 2018 (Pub. L. 115- 123) and the Medicaid Services Investment and Accountability Act (MSIAA) of 2019 (Pub. L. 116-16), affecting the BBA of 2013.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 433.139. This letter is to inform you that DC Medicaid SPA 21-0019 was approved on January 24, 2022, with an effective date of December 31, 2021.



If you have any questions, please contact LCDR Frankeena McGuire at (215) 861-4754 or [Frankeena.McGuire@cms.hhs.gov](mailto:Frankeena.McGuire@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

cc: Mario Ramsey, DHCF

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>21-0019</b>	2. STATE: <b>DC</b>
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <b>December 31, 2021</b>	
5. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR § 433, Subpart D and Section 1902(a)(25) of the Social Security Act</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars): a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.22-B, page 1-1d; Section 4.22, page 69a</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.22-B, page 1-1d; Section 4.22, page 69a</b>	
9. SUBJECT OF AMENDMENT: <b>Requirements for third party liability payment of claims</b>			
10. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <b>D.C. Act: <u>22-434</u></b>	
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Melisa Byrd Senior Deputy Director/State Medicaid Director Department of Health Care Finance 441 4 <sup>th</sup> Street, NW, 9 <sup>th</sup> Floor, South Washington, DC 20001	
12. TYPED NAME <b>Melisa Byrd</b>			
13. TITLE <b>Senior Deputy Director/State Medicaid Director</b>			
14. DATE SUBMITTED <b>December 23, 2021</b>			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED December 23, 2021		17. DATE APPROVED January 24, 2022	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL December 31, 2021		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott		21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations	
22. REMARKS			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: District of Columbia

Requirements for Thirty Party Liability –  
Payment of Claims

<u>Citation</u>	4.22-B
Section 1902(a)(25)(E) 42 CFR 433.139(b)(3)(i)	(1) The State will make payment for pediatric preventive services, including early and periodic screening, diagnosis, and treatment services covered under the state plan, without regard to third party liability and seek reimbursement from any liable third party to the extent of such legal liability.
Section 1902(a)(25)(F) 42 CFR 433.139(b)(3)(ii)	(2) For services covered under the plan that are provided to an individual on whose behalf child support enforcement is being carried out by the State Title IV-D agency, the State will make payment for such services without regard to third party liability that is derived (through insurance or otherwise) from the parent whose obligation to pay support is being enforced by the State Title IV-D agency, and seek reimbursement from such liable third party to the extent of legal liability, under the following conditions:  a) The provider first bills the third party for the services. b) At least 100 days have elapsed since the date the provider initially billed the third party, or within 30 days, the state determines making payment is cost-effective and necessary to ensure access to care. c) The provider has not received payment for the services. d) An attestation form executed by the provider is attached to the claim certifying that conditions (a) through (c) have been met.
Section 1902(a)(25)(E) 42 CFR 433.139(b)(3)(i)	(3) The State shall make payments without regard to third party liability for pediatric preventive services unless a determination related to cost-effectiveness and access to care that warrants cost avoidance for up to 90 days has been made.
Section 1902(a)(25)(E)	(4) The State will use standard coordination of benefits cost avoidance when processing claims for prenatal services, labor and delivery, and postpartum care claims.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: District of Columbia

Requirements for Thirty Party Liability –  
Payment of Claims

42 CFR 433.139(f)(2)	<p>(5) Third party recovery for casualty and health claims</p> <p><u>Casualty claims:</u> The State will seek recovery of reimbursement from a liable third party on all claim types equal to \$50 or more.</p> <p><u>Health claims:</u> The State will seek recovery of reimbursement from a liable third party on all claim types regardless of dollar amount or period of time. All recoveries are sought within the time limits specified in 433.139(d).</p>
42 CFR 433.139(f)(3)	<p>(6) Third party recovery for casualty and health claims</p> <p><u>Casualty claims:</u> The State will seek recovery of reimbursement from a particular liable third party on all claim types when the accumulated total of all claim types equals \$50 or more.</p> <p><u>Health claims:</u> The State will seek recovery of reimbursement from a particular liable third party on all claim types without accumulating billings by dollar amount or period of time. All recoveries are sought within the time limits specified in 433.139(d).</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: District of Columbia

Requirements for Thirty Party Liability –  
Payment of Claims

**Intentionally Left Blank**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: District of Columbia

Requirements for Thirty Party Liability –  
Payment of Claims

**Intentionally Left Blank**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: District of Columbia

Requirements for Thirty Party Liability –  
Payment of Claims

**Intentionally Left Blank**



Revision: HCFA-PM-94-1  
February 1994  
State/Territory:

(MB)

OMB No.

District of ColumbiaCitation

- 42 CFR 433.139(b)(3)(i) (c) The State will make payment for pediatric preventive services, including early and periodic screening, diagnosis, and treatment services covered under the state plan, without regard to third party liability and seek reimbursement from any liable third party to the extent of such legal liability.
- 42 CFR 433.139(b)(3)(ii) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.
- 42 CFR 433.139(b)(3)(ii)(C) (d) ATTACHMENT 4.22-B specifies the following:
- (1) The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C).
- 42 CFR 433.139(f)(2) (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.
- 42 CFR 433.139(f)(3) (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.
- 42 CFR 447.20 (e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.