

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

August 22, 2022

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

RE: TN 22-0004

Dear Ms. Byrd:

We have reviewed the proposed D.C. State Plan Amendment (SPA) to Attachment 4.19-B DC 22-0004, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 24, 2022. This plan amendment updates the Physician Supplement Payment for Fiscal Year 2023.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

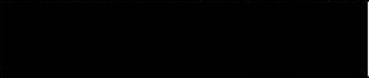
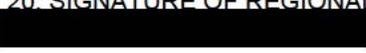
If you have any additional questions or need further assistance, please contact Lindsay Michael at 410-786-7197 or Lindsay.michael@cms.hhs.gov

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 22-0004	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: October 1, 2022	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(10)(A) of the Social Security Act (42 USC § 1396a(a)(10)(A))	7. FEDERAL BUDGET IMPACT: FFY22: \$ 0 FFY23: \$ 4,500,000.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, p. 4.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, pp. 4.1	
10. SUBJECT OF AMENDMENT: Physician Supplemental Payment		
11. GOVERNOR'S REVIEW (<i>Check One</i>) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED D.C. Act: <u>22-434</u> <input type="checkbox"/> 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 th Street, NW, 9 th Floor, South Washington, DC 20001	
13. TYPED NAME Melisa Byrd		
14. TITLE Senior Deputy Director/Medicaid Director		
15. DATE SUBMITTED May 24, 2022		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED 5/24/22	18. DATE APPROVED August 22, 2022	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL 10/1/22	20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Todd McMillion	22. TITLE Director, DRR	

6. Physician and Specialty Services (Continued)

- c. The District uses both the facility and non-facility rates that are derived from the Medicare physician fee schedule, which is effective on January 1 of each calendar year. For FY 2018, the District uses the Medicare physician fee schedule effective January 1, 2018 through December 31, 2018. The Medicaid Management Information System (MMIS) is calibrated to reimburse either the facility or non-facility rates, depending on the place of service (facility or non-facility) noted on the provider submitted claims.
- d. For services rendered on or after **October 1, 2022 through June 30, 2023**, supplemental payments in the amount of four million and five hundred thousand dollars (\$4,500,000.00) shall be equally distributed among physician groups. Supplemental payments shall not exceed four and a half (\$4.5) million dollars. Payments shall be made in three (3) installments, aligning with the end of the first (1st), second (2nd), and third (3rd) quarters of the federal FY. All supplemental payments shall be made no later than **June 30, 2023**. Total Medicaid payments, including supplemental payments, will not exceed one hundred percent (100%) of the Medicare fee schedule.

To receive a supplemental payment, a physician group shall meet all of the following conditions:

- i. Be a group practice, consistent with the conditions set forth under 42 C.F.R. § 411.352, and additionally have at least five hundred (500) physicians that are members of the group (whether employees or direct or indirect owners) as defined at 42 C.F.R. § 411.351;
- ii. Be screened and enrolled with the Department of Health Care Finance (DHCF); and
- iii. Contract with a public, general hospital located in an economically underserved area of the District of Columbia to provide at least two (2) of the following services to Medicaid beneficiaries:
- A. Inpatient services, as described in Supplement 1 to Attachment 3.1A, section 1.B, page 2, and Supplement 1 to Attachment 3.1B, section 1.B, page 2;
- B. Emergency hospital services, as described in Supplement 1 to Attachment 3.1A, section 24.E, page 28; Supplement 1 to Attachment 3.1B, section 24.E, page 27; and Attachment 4.19B, Part 1 section 20.a, page 11; or
- C. Intensive care physician services, as authorized under Supplement 1 to Attachment 3.1A, section 5, pages 6b-7, and Supplement 1 to Attachment 3.1B, section 5, pages 5b-6.