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State/Territory Name: DC

State Plan Amendment (SPA) #: 22-0012

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



Financial Management Group

February 6, 2023

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

RE: TN 22-0012

Dear Ms. Byrd:

We have reviewed the proposed D.C. State Plan Amendment (SPA) to Attachment 4.19-B which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 9, 2022. This plan amendment authorizes the District of Columbia Medicaid Program to continue its authority beyond the public health emergency to permanently reimburse COVID-19 vaccines and COVID-19 vaccine administration at one hundred percent (100%) of the Medicare rates.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2024. We are enclosing the approved CMS-179 and the state plan pages.

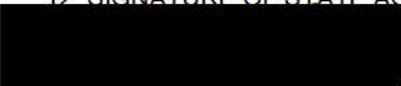

If you have any additional questions or need further assistance, please contact Lindsay Michael at 410-786-7197 or Lindsay.michael@cms.hhs.gov

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 22-0012	2. STATE: District of Columbia
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		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: later of April 1, 2024 or on the first day of the second calendar quarter that begins one year after the last day of the COVID-19 federal public health emergency period	
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: 42 CFR § 440.130		7. FEDERAL BUDGET IMPACT: FFY24: \$ 3,311,044.00 FFY25: \$ 6,431,739.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Part 1: pp. 3c – 3d		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19B, Part 1, p. 3c	
10. SUBJECT OF AMENDMENT: COVID-19 Vaccine and Vaccine Administration Reimbursement			
11. GOVERNOR'S REVIEW (<i>Check One</i>)			
<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: D.C. Act: <u>22-434</u>	
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			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 11/9/22		18. DATE APPROVED February 6, 2023	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 4/1/24		OFFICIAL 	
21. TYPED NAME Todd McMillion		22. TITLE Director, FMG	

23. REMARKS

- i. Effective May 1, 2016, physician-administered drugs shall be reimbursed at eighty percent (80%) of the Medicare fee schedule, with the exception of physician-administered chemotherapy drugs, which shall be reimbursed at one hundred percent (100%) of the Medicare fee schedule rates. Rates will be updated annually pursuant to the Medicare fee schedule, and will be published on DHCF’s website at <https://www.dc-medicaid.com/>.
- j. For physician administered drugs purchased through the Federal Public Health Service’s 340B Drug Pricing Program, reimbursement shall be the 340B actual acquisition cost, but no more than the 340B ceiling price.
- k. Investigational drugs shall not be Medicaid-reimbursable.

DEFINITIONS

For the purposes of Section 3 in this State Plan Amendment, the following terms and phrases shall have the meanings ascribed:

Brand – any registered trade name commonly used to identify a drug.

Container – A light resistant receptacle designed to hold a specific dosage form which is or maybe in direct contact with the item and does not interact physically or chemically with the item or adversely affect the strength, quality, or purity of the item.

Department of Health Care Finance (DHCF) – The executive department responsible for administering the Medicaid program within the District of Columbia.

Federal Supply Schedule – a multiple award, multi-year federal contract for medical equipment, supplies, pharmaceutical, or service programs that is available for use by federal government agencies that complies with all federal contract laws and regulations. Pricing is negotiated based on how vendors do business with their commercial customers.

Other Preventative Services

1. Drug Administration Fees

A pharmacy that employs or contracts a pharmacist who administers immunizations, vaccines, and emergency anaphylaxis agents in accordance with Supplement 1 to Attachment 3.1-A, page 8.1 and Supplement 1 to Attachment 3.1-B, page 7.1 shall be eligible to receive Medicaid reimbursement for administering these drugs. Effective September 1, 2022, Medicaid-enrolled pharmacies enrolled in the Vaccines For Children (VFC) program may receive payment for the drug administration fees associated with VFC program vaccines and immunizations. The administration fee for VFC vaccines and immunizations for individuals under age twenty-one (21) will not exceed the VFC maximum administration fee for the District of Columbia. Beginning on April 1, 2024 or later if the federal public health emergency is extended, COVID-19 vaccines, COVID-19 vaccine administration, and monoclonal antibody infusion administration shall be reimbursed at one hundred percent (100%) of the Medicare rate. The pharmacist must ensure all written protocols in support of the administration of immunizations, vaccines, and emergency anaphylaxis agents are current and reviewed with the delegating physicians annually in accordance with District laws and rules or the applicable professional practices act within the jurisdiction where services are provided.

There shall be: (1) one administration fee for injectable products that are non-COVID-19 vaccines; (2) a separate administration fee for injectable COVID-19 vaccines, which shall be reimbursed at one hundred percent (100%) of the Medicare rate; (3) a separate administration fee for monoclonal antibody infusion, which shall be reimbursed at one hundred percent (100%) of the Medicare rate; and (4) a separate administration fee for nasal products. The administration fees are payable for immunizations, vaccines, and emergency anaphylaxis agents administered to Medicaid beneficiaries of all ages. The agency's fees related to non-COVID-19 vaccine administration are set as of September 1, 2019, and fees related to COVID-19 vaccine administration are set as of January 1, 2024 or later if the federal public health emergency is extended. The fees are effective for services provided on or after those dates. Fees may be updated annually and shall be published on the Medicaid website at <https://www.dc-medicaid.com/>. Except as otherwise noted in the plan, state-developed fees are the same for both governmental and private providers. Reimbursement for the administration of immunizations, vaccines, and anaphylaxis agents shall not include a professional dispensing fee.