

## **Table of Contents**

**State/Territory Name: DC**

**State Plan Amendment (SPA) #: 23-0008**

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**

August 17, 2023

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 23-0008

Dear Ms. Byrd:

We have reviewed the proposed D.C. State Plan Amendment (SPA) to Attachment 4.19-B which was received by the Centers for Medicare & Medicaid Services (CMS) on May 22, 2023. This plan amendment will permit the District's Medicaid program to provide supplemental payments in Fiscal Year 2024 to Medicaid-enrolled physician groups, with at least five hundred (500) physicians and that contract with a public general hospital located in an economically under-served area of the District to deliver inpatient, emergency department, and intensive care physician services to Medicaid beneficiaries.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2023. 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](mailto:Lindsay.michael@cms.hhs.gov)

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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|--|---|--|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b> | 1. TRANSMITTAL NUMBER:<br><b>23-0008</b>                                  | 2. STATE:<br><b>District of Columbia</b> |
|  | 3. PROGRAM IDENTIFICATION:<br><b>Title XIX of the Social Security Act</b> |  |

|   |   |
|---|---|
| TO: Regional Administrator<br>Centers for Medicare & Medicaid Services<br>Department of Health and Human Services | 4. PROPOSED EFFECTIVE DATE:<br><b>October 1, 2023</b> |
|---|---|

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)

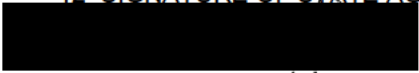
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| 6. FEDERAL STATUTE/REGULATION CITATION:<br><b>Section 1902(a)(10)(A) of the Social Security Act (42 USC § 1396a(a)(10)(A))</b> | 7. FEDERAL BUDGET IMPACT:<br><b>FFY23: \$ 0</b><br><b>FFY24: \$ 4,500,000.00</b> |
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|---|---|
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><b>Attachment 4.19-B, p. 4.1</b> | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br><b>Attachment 4.19-B, pp. 4.1</b> |
|---|---|

10. SUBJECT OF AMENDMENT:  
**Physician Supplemental Payment**

11. GOVERNOR'S REVIEW (Check One)

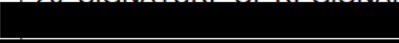
GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      **D.C. Act: 22-434**  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

|  |   |
|--|---|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL<br> | 16. RETURN TO<br><br>Melisa Byrd<br>Senior Deputy Director/Medicaid Director<br>Department of Health Care Finance<br>441 4 <sup>th</sup> Street, NW, 9 <sup>th</sup> Floor, South<br>Washington, DC 20001 |
| 13. TYPED NAME<br><b>Melisa Byrd</b>   |   |
| 14. TITLE<br><b>Senior Deputy Director/Medicaid Director</b>   |   |
| 15. DATE SUBMITTED   |   |

**FOR REGIONAL OFFICE USE ONLY**

|                                     |   |
|-------------------------------------|---|
| 17. DATE RECEIVED<br><b>5/22/23</b> | 18. DATE APPROVED<br><b>August 17, 2023</b> |
|-------------------------------------|---|

**PLAN APPROVED – ONE COPY ATTACHED**

|   |  |
|---|--|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL<br><b>10/1/23</b> | 20. SIGNATURE OF REGIONAL OFFICIAL<br> |
| 21. TYPED NAME<br><b>Todd McMillion</b>                   | 22. TITLE<br><b>Director, Division of Reimbursement Review</b>   |

## 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, 2023 through June 30, 2024**, 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 (1<sup>st</sup>), second (2<sup>nd</sup>), and third (3<sup>rd</sup>) quarters of the federal FY. All supplemental payments shall be made no later than **June 30, 2024**. 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.