

Table of Contents

State/Territory Name: DC

State Plan Amendment (SPA) #: 24-0012

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

June 13, 2024

Melisa Byrd, Senior Deputy Director/Medicaid Director
Department of Health Care Finance
441 4th Street, NW, 9th Floor, South
Washington, DC 20001

RE: District of Columbia State Plan Amendment (SPA) Transmittal Number 24-0012

Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid SPA submitted under transmittal number (TN) 24-0012. This SPA establishes an emergency interim payment methodology for certain providers affected by the Change Healthcare cybersecurity incident.

We conducted our review of your submittal according to the statutory requirements in Title I of the Social Security Act and considering the flexibilities described in the March 15, 2024 Change Healthcare Cybersecurity incident - CMS Response and State Flexibilities CMCS informational Bulletin (CIB). We hereby inform you that Medicaid State plan amendment 24-0012 is approved effective February 1, 2024. We are enclosing the CMS-179 and the amended plan pages.


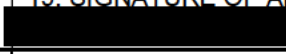
If you have any questions, please contact Gary Knight at Gary.Knight@cms.hhs.gov.

Sincerely,



Rory Howe
Director

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: DC 24-0012	2. STATE: District of Columbia
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: February 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION: 42 U.S.C. §1396		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars): a. FFY 2024: \$ 0.00 b. FFY 2025: \$ 0.00	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 7.8A: Pages 1		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New	
9. SUBJECT OF AMENDMENT: Change Healthcare Cybersecurity Incident State Plan Amendment.			
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: D.C. Act 22-434			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Melisa Byrd Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4th Street, NW, 9th Floor, South Washington, DC 20001	
12. TYPED NAME Melisa Byrd			
13. TITLE Senior Deputy Director/Medicaid Director			
14. DATE SUBMITTED			
FOR CMS USE ONLY			
16. DATE RECEIVED 04/10/2024		17. DATE APPROVED June 13, 2024	
PLAN APPROVED – ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL February 1, 2024		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe		21. TITLE OF APPROVING OFFICIAL Director, Financial Management Group	
22. REMARKS			

Change Healthcare Cybersecurity Incident State Plan Amendment

Effective February 1, 2024 and effective for affected services provided through June 30, 2024, the District will make interim payments to Medicaid enrolled providers who are unable to bill or submit claims information as a result of the Change Healthcare Cybersecurity Incident. The District will make interim payments for any benefit category covered by the District under the Medicaid State Plan pursuant to sections 1905(a), 1915(i), or 1915(k) and for which the provider demonstrates to the District that it was affected by the incident. Providers will demonstrate they have been impacted by following procedures issued by DHCF and providing a signed attestation to DHCF.

I. Interim Payment

Affected providers will be reimbursed at fee-for-service State Plan rates. Payment will be limited to the expect billing the District would receive from an individual provider based on provider-specific recent utilization history.

Affected providers are eligible to receive payments in amounts representative of up to thirty days (30) of claims payments that are not otherwise paid as a result of the Change Healthcare cybersecurity incident. The average 30-day payment is based on the total claims paid to the individual provider, inclusive of all Medicaid base payments made under the Medicaid state plan, between October 1, 2023 and December 31, 2023, divided by three (3). The payment will be made for services provided through June 30, 2024, on a monthly basis.

This is not an advanced payment or prepayment prior to services furnished by providers.

II. Payment Reconciliation

All interim payments will be reconciled based on the actual services provided by the individual provider during the relevant time period by August 1, 2024. Where interim payment exceed reimbursement for actual services, excess payments will be recouped by the District. The District will return the federal share within the timeframe specified in 42 CFR 433.316 and 433.320 regardless of whether the state actually recoups the overpayment amount from the provider, unless an exception applies under 42 CFR part 433, subpart F. If interim payments are less than the total amount that would have been paid under the State Plan, the District will pay the individual provider the difference between the amount paid and the amount actually due (the amount due based on submitted and adjudicated claims or clean claims) within 90 days.

III. Timely Filing

Payments related to reconciliation of interim payments will be made in accordance with the two-year payment requirement at 42 CFR 447.45 and 45 CFR 95 Subpart A

IV. Program Integrity Assurance

The District will follow all applicable program integrity requirements relating to interim payments to providers and the associated reconciliation process. The state will ensure that Affected providers receiving payments under this interim methodology will continue to furnish Medicaid services to beneficiaries during the interim payment period and that access to Medicaid services is not limited.

TN: 24-0012

Supersedes TN: NEW

Approval Date: June 13, 2024 Effective Date: 02/1/2024