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**State Name:** Delaware

**State Plan Amendment (SPA) #19-002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
801 N. Market Street, Suite 9400  
Philadelphia, Pennsylvania 19106-3499



**Regional Operations Group**

SWIFT# 022120194104

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May 15, 2019

Mr. Stephen M. Groff, Director  
Division of Medicaid and Medical Assistance  
P.O. Box 906  
New Castle, DE 19720-0906

Dear Mr. Groff:

We are pleased to inform you of the approval of Delaware State Plan Amendment (SPA) 19-002. The purpose of this amendment is to update existing state policy to add Physician Assistants as licensed practitioners where omitted. Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is January 11, 2019.

If you have any questions, you may contact Michael Cleary at (215) 861-4282.

Sincerely,



Sabrina Tillman-Boyd  
Acting Deputy Director  
Eastern Regional Operations Group

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>1 9 — 0 0 2</u>	2. STATE Delaware
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 11, 2019
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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*)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.60	7. FEDERAL BUDGET IMPACT a. FFY <u>2019</u> \$ <u>-0-</u> b. FFY <u>2020</u> \$ <u>-0-</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19-B Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  Attachment 4.19-B Page 1
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10. SUBJECT OF AMENDMENT

To update policy and add the Physician Assistant (PA) as a licensed practitioner where omitted.

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT     
  OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO  Stephen M. Groff, Director, DMMA, P.O. Box 906 New Castle, DE19720
13. TYPED NAME Stephen M. Groff	
14. TITLE Director	
15. DATE SUBMITTED February 19, 2019	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED February 19, 2019	18. DATE APPROVED May 14, 2019
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL January 11, 2019	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Sabrina Tillman-Boyd	22. TITLE Acting Deputy Director

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY: **DELAWARE**

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
- OTHER TYPES OF CARE

Physicians, podiatry and independent radiology services shall be reimbursed based on CPT codes and definitions. Reimbursement rates shall be based on the Medicare Relative Value (RVU), adjusted by Geographic Practice Cost Indices (GPCI) representing the medical economic conditions specific to Delaware. Each CPT code has a unique RVU consisting of a Work Unit (WRVU), an Overhead Unit (ORVU), and a Malpractice Unit (MRVU). Delaware Medicaid may adjust the weight of each RVU up to, but not to exceed, 100% of the Medicare value.

Laboratories are reimbursed their usual and customary charge or a maximum fee for their service, whichever is lower. The maximum fee for each procedure will be reviewed annually. If such review indicates that fees should be modified, an inflation factor will be considered to apply to the fees which are currently in place; in addition, other aspects of the fee structure will be examined in light of usual and customary charges and other pertinent considerations to develop appropriate rates for the year.

This reimbursement methodology applies to services delivered on or after January 1, 1995. The fee schedule and any annual/periodic adjustments to the fee schedule are available on the Delaware Medical Assistance Program (DMAP) website at:  
<http://www.dmap.state.de.us/downloads/feeschedules.html>

Physician Assistant services, provided under the supervision, control, and direction of one or more physicians, are billed under a supervising physician's provider number, with the Physician Assistant's provider number included as the rendering provider. Physician Assistant's may not bill Medicaid directly.

TN No. SPA #19-002  
Supersedes  
TN No. SPA #351

Approval Date May 14, 2019

Effective Date January 11, 2019