

  
Chairman Phil Mendelson  
at the request of the Mayor

A PROPOSED RESOLUTION

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IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

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To approve an amendment to the District of Columbia State Plan for Medical Assistance to increase payments for specific primary care services furnished by certain physicians in calendar years 2013 and 2014 at rates not less than the Medicare rates in effect in those calendar years and to update the rate paid for the administration of pediatric vaccines to federally vaccine-eligible children under the Pediatric Immunization Distribution Program.

RESOLVED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the “District of Columbia State Plan for Medical Assistance Modification Approval Resolution of 2013”.

Sec. 2. Pursuant to section 1(a) of An Act to enable the District of Columbia to receive Federal financial assistance under title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02(a)), the Council of the District of Columbia approves proposed amendments to the District of Columbia State Plan for Medical Assistance, which, when implemented, will increase Medicaid payments for specific primary care services furnished by certain physicians in calendar years 2013 and 2014 at rates not less than the Medicare rates in effect in those calendar years and will update the rate paid for the administration of pediatric vaccines to federally vaccine-eligible children under the Pediatric Immunization Distribution Program.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: District of Columbia

**Reimbursement for Increased Primary Care Service Payment  
Under 42 CFR §§§ 447.405, 447.410, 447.415**

The state reimburses for services provided by physicians meeting the requirements of 42 CFR 447.400(a) at the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar years 2013 and 2014 or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor. If there is no applicable rate established by Medicare, the state uses the rate specified in a fee schedule established and announced by CMS.

- The rates reflect all Medicare site of service and locality adjustments.
- The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.
- The rates reflect all Medicare geographic/locality adjustments.
- The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code: \_\_\_\_\_

**A. Method of Payment**

- The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.
- The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 CFR 447.405.

Supplemental payment is made:  monthly  quarterly  semi-annually  annually

**B. Primary Care Services Affected by this Payment Methodology**

- This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.
- The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes): Evaluation and Management Codes: 99238, 99239, 99289, 99290, 99292, 99294, 99295, 99296, 99298,

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Note: This section contains a description of the state's methodology and specifies the affected billing codes.

**E. Effective Date of Payment**

a. E & M Services

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014. All rates are published on the Department of Health Care Finance's website at [www.dhcf.dc.gov](http://www.dhcf.dc.gov).

b. Vaccine Administration

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014. All rates are published on the Department of Health Care Finance's website [www.dhcf.dc.gov](http://www.dhcf.dc.gov).

Supersedes Page: None

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

The Honorable Phil Mendelson

FIS: "Medicaid Payments for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration under the Vaccines for Children Program Approval Resolution of 2013," draft legislation shared with the Office of Revenue Analysis on February 20, 2013

### Financial Plan Impact

Funds are sufficient in the FY 2013 through FY 2016 budget and financial plan to implement the bill.

The Department of Health Care Finance (DHCF) included the costs of meeting this federal requirement in the FY 2013 through FY 2016 budget and financial plan. The increased reimbursement rates are applicable for calendar years 2013 and 2014, which translates to the last three quarters of FY 2013, all of FY 2014, and the first quarter of FY 2015. The estimated costs are provided in the table below.<sup>2</sup>

<b>Estimated Costs of "Medicaid Payments for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration under the Vaccines for Children Program Approval Resolution of 2013" -- FY 2013-FY 2016</b>					
	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>4 Year Total</b>
<b>Local</b>	<b>\$3,112,551</b>	<b>\$4,150,068</b>	<b>\$1,037,517</b>	<b>\$0</b>	<b>\$8,300,136</b>
<b>Medicaid</b>	<b>\$7,262,618</b>	<b>\$9,683,491</b>	<b>\$2,420,873</b>	<b>\$0</b>	<b>\$19,366,982</b>
<b>Total</b>	<b>\$10,375,169</b>	<b>\$13,833,559</b>	<b>\$3,458,390</b>	<b>\$0</b>	<b>\$27,667,118</b>

<sup>2</sup> "Local" costs are those paid by the District. "Medicaid" costs are those paid by the federal government. The federal government covers 70 percent of the costs of District's Medicaid program.