

# COMMONWEALTH of VIRGINIA

Office of the Governor

Daniel Carey, MD Secretary of Health and Human Resources

June 4, 2021

Todd McMillion Director Department of Health and Human Services Centers for Medicare and Medicaid Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601

Dear Mr. McMillion:

Attached for your review and approval is amendment 21-016, entitled "2021 Non-Institutional Provider Reimbursement Changes" to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

Sincerely,

Daniel Carey, MD, MHCM

## Attachment

cc: Karen Kimsey, Director, Department of Medical Assistance Services CMS, Region III

## Transmittal Summary

## SPA 21-016

### I. IDENTIFICATION INFORMATION

Title of Amendment: 2021 Non-Institutional Provider Reimbursement Changes

#### II. SYNOPSIS

<u>Basis and Authority</u>: The <u>Code of Virginia</u> (1950) as amended, § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance. The <u>Code of Virginia</u> (1950) as amended, § 32.1-324, authorizes the Director of the Department of Medical Assistance Services (DMAS) to administer and amend the Plan for Medical Assistance according to the Board's requirements.

<u>Purpose</u>: The 2021 Appropriations Act, Items 313.EEEE, UUUU, and VVVV require DMAS to make changes to the state plan. These changes will: 1) increase the rates for psychiatric services by 14.7 percent for psychiatric services to the equivalent of 110 percent of Medicare rates; 2) increase rates for anesthesiologists to reflect the equivalent of 70 percent of the 2019 Medicare rates; and 3) increase supplemental physician payments for a freestanding children's hospital serving children in Planning District 8. The total supplemental Medicaid payment shall be based on the Upper Payment Limit approved by CMS and all other Virginia Medicaid feefor-service payments.

<u>Substance and Analysis</u>: The section of the State Plan that is affected by this amendment is "Methods and Standards for Establishing Payment Rate – Other Types of Care"

<u>Impact</u>: a. The expected increase in annual aggregate expenditures as a result of the increase in rates for psychiatric services is \$593,674 in state general funds, \$\$46,102 in special funds, and \$1,046,444 in federal funds in federal fiscal year 2021.

- b. The expected increase in annual aggregate expenditures as a result of the increase in rates for anesthesiologists is \$65,623 in state general funds, \$189,985 in federal funds, and \$13,379 in special funds in federal fiscal year 2021.
- c. The expected increase in annual aggregate expenditures as a result of the supplemental physician payments for a freestanding children's hospital is \$88,692 in state general funds and \$88,692 in federal funds in federal fiscal year 2021.

<u>Tribal Notice</u>: Please see Attachments A-1 and A-2.

Prior Public Notice: Please see Attachment B-1.

Public Comments and Agency Analysis: Please see Attachment B-2.

## **ATTACHMENT A-1**



Mcclellan, Emily <emily.mcclellan@dmas.virginia.gov>

# Tribal Notice re: Increases in reimbursement rates for noninstitutional Medicaid services

Mcclellan, Emily <emily.mcclellan@dmas.virginia.gov> Fri, May 21, 2021 at 2:45 PM To: TribalOffice@monacannation.com, "chiefannerich@aol.com" <chiefannerich@aol.com>, Gerald Stewart <wasandson@cox.net>, Pam Thompson <Pamelathompson4@yahoo.com>, rappahannocktrib@aol.com, regstew007@gmail.com, robert.gray@pamunkey.org, Rufus Elliott <tribaladmin@monacannation.com>, Samuel Bass <samflyingeagle48@yahoo.com>, Stephen Adkins <chiefstephenadkins@gmail.com>, Frank <WFrankAdams@verizon.net>, Tabitha (IHS/NAS/RIC)" <tabitha.garrett@ihs.gov>, Kara.Kearns@ihs.gov

Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letter from Virginia Medicaid Director Karen Kimsey indicating that the Dept. of Medical Assistance Services (DMAS) plans to submit a State Plan Amendment (SPA) to the federal Centers for Medicare and Medicaid Services. This SPA will increase the reimbursement rates for certain non-institutional Medicaid services.

If you would like a copy of the SPA documents or proposed text changes, or if you have any questions, please let us know.

Thank you! -- Emily McClellan

**Emily McClellan** Regulatory Supervisor Policy Planning and Innovation Division Virginia Department of Medical Assistance Services 600 East Broad Street Richmond, VA 23219 (804) 371-4300

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## **ATTACHMENT A-2**



## COMMONWEALTH of VIRGINIA

KAREN KIMSEY DIRECTOR Department of Medical Assistance Services

SUITE 1300 600 EAST BROAD STREET RICHMOND, VA 23219 804/786-7933 800/343-0634 (TDD) www.dmas.virginia.gov

May 21, 2021

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Increased Rates for Psychiatric Services, Anesthesia Services, and Increased Physician Supplemental Payments

Dear Tribal Leader and Indian Health Programs:

This letter is to notify you that the Department of Medical Assistance Services (DMAS) is planning to amend the Virginia State Plan for Medical Assistance with the Centers for Medicare and Medicaid Services (CMS). Specifically, DMAS is providing you notice about a State Plan Amendment (SPA) that the Agency will file with CMS in order to increase rates for psychiatric services and increase supplemental payments for Children's National Medical Center.

The changes will: 1) increase rates for psychiatric services by 14.7 percent to the equivalent of 110 percent of Medicare rates, effective July 1, 2021; 2) increase rates for anesthesiologists to reflect the equivalent of 70 percent of the 2019 Medicare rates; and 3) increase the supplemental physician payments for physicians employed at a freestanding children's hospital serving children in Planning District 8 (Children's National Medical Center) to the maximum allowed by the Centers for Medicare and Medicaid Services (CMS) within the limit of the appropriation.

The tribal comment period for this SPA is open through June 20, 2021. You may submit your comments directly to Emily McClellan, DMAS Policy Division, by phone (804) 371-4300, or via email: Emily.McClellan@dmas.virginia.gov Finally, if you prefer regular mail you may send your comments or questions to:

Virginia Department of Medical Assistance Services Attn: Emily McClellan 600 East Broad Street Richmond, VA 23219

Please forward this information to any interested party.

Sincerely,

Karen Kimsev

## **ATTACHMENT B-1**

Virginia.gov

Agencies | Governor



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Board

**Board of Medical Assistance Services** 

**General Notice** 

Edit Notice

# Public Notice - Intent to Amend State Plan - Non-Institutional Provider Reimbursement Changes

Date Posted: 5/21/2021

Expiration Date: 10/20/2021

Submitted to Registrar for publication: YES

30 Day Comment Forum is underway. Began on 5/21/2021 and will end on 6/20/2021

#### **LEGAL NOTICE**

#### **COMMONWEALTH OF VIRGINIA**

## DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

## NOTICE OF INTENT TO AMEND

(Pursuant to §1902(a)(13) of the Act (U.S.C. 1396a(a)(13))

THE VIRGINIA STATE PLAN FOR MEDICAL ASSISTANCE

## This Notice was posted on May 21, 2021

The Virginia Department of Medical Assistance Services (DMAS) hereby affords the public notice of its intention to amend the Virginia State Plan for Medical Assistance to provide for changes to the *Methods* and Standards for Establishing Payment Rates — Other Types of Care (12 VAC 30-80).

This notice is intended to satisfy the requirements of 42 C.F.R. § 447.205 and of § 1902(a)(13) of the *Social Security Act*, 42 U.S.C. § 1396a(a)(13). A copy of this notice is available for public review from Emily McClellan, DMAS, 600 Broad Street, Suite 1300, Richmond, VA 23219, or via e-mail at: emily.mcclellan@dmas.virginia.gov

**DMAS** is specifically soliciting input from stakeholders, providers and beneficiaries, on the potential impact of the proposed changes discussed in this notice. Comments or inquiries may be submitted, in writing, within 30 days of this notice publication to Emily McClellan and such comments are available for review at the same address. Comments may also be submitted, in writing, on the Town Hall public comment forum attached to this notice.

This notice is available for public review on the Regulatory Town Hall (<a href="www.townhall.com">www.townhall.com</a>), on the General Notices page, found at: <a href="https://townhall.virginia.gov/L/generalnotice.cfm">https://townhall.virginia.gov/L/generalnotice.cfm</a>

In accordance with the 2021 Appropriations Act, Items 313.EEEE, UUUU, and VVVV, DMAS will be making the following changes:

#### Methods & Standards for Establishing Payment Rates-Other Types of Care (12 VAC 30-80)

1. The state plan is being revised to increase rates for psychiatric services by 14.7 percent to the equivalent of 110 percent of Medicare rates, effective July 1, 2021.

The expected increase in annual aggregate expenditures is \$593,674 in state general funds, \$ \$46,102 in special funds, and \$1,046,444 in federal funds in federal fiscal year 2021.

2. The state plan is being revised to increase rates for anesthesiologists to reflect the equivalent of 70 percent of the 2019 Medicare rates.

The expected increase in annual aggregate expenditures is \$65,623 in state general funds, \$189,985 in federal funds, and \$13,379 in special funds in federal fiscal year 2021.

3. The state plan is being revised to increase the supplemental physician payments for physicians employed at a freestanding children's hospital serving children in Planning District 8 to the maximum allowed by the Centers for Medicare and Medicaid Services within the limit of the appropriation provided for this purpose. The total supplemental Medicaid payment shall be based on the Upper Payment Limit approved by the Centers for Medicare and Medicaid Services and all other Virginia Medicaid fee-for-service payments.

The expected increase in annual aggregate expenditures is \$88,692 in state general funds and \$88,692 in federal funds in federal fiscal year 2021.

#### **Contact Information**

Name / Title:	Emily McClellan / Regulatory Manager	
Address:	Division of Policy and Research 600 E. Broad St., Suite 1300 Richmond, 23219	
Email Address:	Emily.McClellan@dmas.virginia.gov	
Telephone:	(804)371-4300 FAX: (804)786-1680 TDD: (800)343-0634	

This general notice was created by Emily McClellan on 05/21/2021 at 12:53pm

	1. TRANSMITTAL NUMBER 2. STATE		
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 2. STATE Virginia		
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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  7/1/2021		
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	7. FEDERAL BUDGET IMPACT		
42 CFR 447	a. FFY 2021 \$ 1,325,121 b. FFY 2022 \$ 5,328,743		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION		
Attachment 4.19-B, page 7.1	OR ATTACHMENT (If Applicable)		
Attachment 4.19B, Supp 4, pages 1, 2, 3, 4	Same as box #8.		
10. SUBJECT OF AMENDMENT			
2021 Non-Institutional Provider Reimbursement Changes			
11. GOVERNOR'S REVIEW (Check One)			
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Constant of Health and Henry Decourses		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Secretary of Health and Human Resources		
12. SIGNATURE OF STATE AGENCY OFFICIAL 16. RETURN TO			
Largansey			
13. TYPED NAME Karen Kimsey	Dept. of Medical Assistance Services 600 East Broad Street, #1300		
14. TITLE Director	Richmond VA 23219		
Director			
15. DATE SUBMITTED 5/21/2021	Attn: Regulatory Coordinator		
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED	3. DATE APPROVED		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 20	. SIGNATURE OF REGIONAL OFFICIAL		
21. TYPED NAME 22	. TITLE		
23. REMARKS			