

**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**

December 14, 2021

Karen Kimsey, Director  
The Commonwealth of Virginia  
Department of Medical Assistance Services  
600 East Broad Street, #1300  
Richmond, VA 23219

Attn: Regulatory Coordinator

**RE: Virginia State Plan Amendment (SPA) Transmittal Number 21-0026**

Dear Ms. Kimsey:

We have reviewed the proposed State Plan Amendment (SPA) to Attachment 4.19-B of Virginia's state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 27<sup>th</sup>, 2021. This plan amendment makes changes related to supplemental payments made to physicians affiliated with the Eastern Virginia Medical School.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1<sup>st</sup>, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or [jerica.bennett@cms.hhs.gov](mailto:jerica.bennett@cms.hhs.gov).

Sincerely,

*Todd McMillion*

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 0 2 6

2. STATE

Virginia

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

10/1/2021

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

42 CFR 447

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 0  
b. FFY 2022 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, revised page 6.4.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same as box #8.

10. SUBJECT OF AMENDMENT

EVMS Supplemental Payments

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED

Secretary of Health and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL

*Karen Kimsey*

13. TYPED NAME

Karen Kimsey

14. TITLE

Director

15. DATE SUBMITTED

9/27/2021

16. RETURN TO

Dept. of Medical Assistance Services  
600 East Broad Street, #1300  
Richmond VA 23219

Attn: Regulatory Coordinator

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

September 27, 2021

18. DATE APPROVED

December 14, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

*Todd McMillion*

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-  
OTHER TYPES OF CARE**

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**18.5. Supplemental payments for services provided by physicians affiliated with Eastern Virginia Medical Center Physicians.**

- a.** In addition to payment for physician services specified elsewhere in the State Plan, DMAS provides supplemental payments to physicians affiliated with Eastern Virginia Medical Center Physicians for furnished services provided on or after October 1, 2012. A physician affiliated with Eastern Virginia Medical Center Physicians is a physician who is employed by a publicly-funded medical school that is a political subdivision of the Commonwealth of Virginia, who provides clinical services through the faculty practice plan affiliated with the publicly funded medical school, and has entered into contractual arrangements for the assignment of payment in accordance with 42 CFR 447.10.
- b.** Effective October 1, 2021, the supplemental payment amount shall be the difference between the Medicaid payments otherwise made for physician services and the Medicare equivalent of the average commercial rate (ACR) percentage times the Medicare rates. The methodology for determining the Medicare Equivalent of the Average Commercial Rate is described in, Supplement 6, Attachment 4.19-B.
- c.** Supplemental payments shall be made quarterly, no later than 90 days after the end of the quarter.

TN No. 21-026Approval Date 12/14/2021Effective Date 10/1/2021

Supersedes

TN No. 18-024