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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 17-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations/ Boston Regional Office

November 26, 2018

Roderick Bremby, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Commissioner Bremby:

We are pleased to enclose via email a copy of approved Connecticut State Plan Amendment (SPA) No. 17-0017, submitted to my office on September 29, 2017 and approved on November 26, 2018.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to revise the Federally Qualified Health Clinic (FQHC) reimbursement provisions to add an alternative payment methodology for Indian Health Services (I.H.S.) tribal clinics, pursuant to Section 1902(bb)(6) of the Social Security Act.

This SPA's approval is effective July 1, 2017, as requested by the State.

If you have any questions regarding this matter you may contact Robert Cruz at 781-335-3455 or by email at Robert.Cruz@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
17-0017

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE:
July 1, 2017

5. TYPE OF STATE 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:
Sections 1905(a)(2)(C) and 1902(bb)(6) of the Social
Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2017: None (See Box 10)
b. FFY 2018: None (See Box 10)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Addendum Page 9b to Attachment 4.19-B Page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR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

10. SUBJECT OF AMENDMENT: Effective July 1, 2017, SPA 17-0017 will amend Attachment 4.19-B of the Medicaid State Plan to revise the Federally Qualified Health Clinic (FQHC) reimbursement provisions to add an alternative payment methodology for Indian Health Services (I.H.S.) tribal clinics, pursuant to Section 1902(bb)(6) of the Social Security Act. Payment to I.H.S. clinics will be made in accordance with the most recently published Federal Register notice addressing the I.H.S. Medicaid outpatient encounter rate. Only one I.H.S. clinic is currently enrolled in Medicaid and the clinic has submitted a limited number of claims. Due to the lack of detailed data currently available, the precise fiscal impact of this SPA is not quantifiable at this time. It is expected to result in minimal changes to federal expenditures for federal fiscal years 2017 and 2018.

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/s/

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:
September 29, 2017

16. RETURN TO:

State of Connecticut
Department of Social Services
55 Farmington Avenue- 9th floor
Hartford, CT 06105
Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 29, 2017

18. DATE APPROVED: November 26, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator, Division of Medicaid and
Children's Health Operations, Boston Regional Office

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Connecticut

(f) **Alternative Payment Methodology for Tribal Facilities Recognized as 638 FQHCs.** For dates of service July 1, 2017 and forward, these FQHCs may elect to be reimbursed under the Alternate Payment Methodology. Reimbursement to an Indian Health Services (IHS) clinic enrolled as an FQHC shall be as follows:

1. IHS/Tribal 638 facilities are reimbursed in accordance with the most recently published Federal Register notice addressing the I.H.S. encounter rate.
2. Encounters with more than one health professional for the same type of service and multiple interactions with the same health professional that take place on the same day constitute a single encounter eligible for one payment, except when the patient after the first interaction, suffers illness or injury requiring additional diagnosis and treatment. Payment is allowed for one medical encounter, one behavioral health encounter and one dental encounter per day.
3. The State will establish a Prospective Payment System (PPS) methodology for the 638 FQHCs so that the agency can determine on an annual basis that the published encounter rate is higher than the PPS rate. The PPS rate will be established by reference to payments to one or more other clinics in the same or adjacent areas with similar caseloads. The 638 FQHCs would not be required to report its costs for the purposes of establishing a PPS rate.

TN # 17-017
Supersedes
NEW

Approval Date 11/26/18

Effective Date: 07-01-2017