

Table of Contents:

1. Table of Contents
2. Approval Letter
3. CMS-179
4. Approved pages

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

December 19, 2017

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

Dear Commissioner Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 17-022, submitted to my office on September 29, 2017 and approved on December 15, 2017. This SPA amends Attachment 4.19-B of the Medicaid State Plan to make supplemental payments to the University of Connecticut (UConn) Health Center's physician group (which is the state-owned physician group that is affiliated with an academic medical center) for physicians' services provided to Medicaid members.

These supplemental payments will be calculated based on the differential between Medicare and Medicaid rates.

This SPA has been approved effective July 1, 2017, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 4.19-B Page 1(a)i(O)

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely,

/S/

Richard R. McGreal
Associate Regional Administrator

cc: Kate McEvoy, Director of Medical Administration - Health Services and Supports

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

1. TRANSMITTAL NUMBER:
17-0022

2. STATE: CT

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

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

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:
Section 1905(a)(5) of the Social Security Act and 42 CFR
440.50

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$1.6 million
b. FFY 2018 \$6.6 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B Page 1(a)i(O)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR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

10. SUBJECT OF AMENDMENT: Effective July 1, 2017, SPA 17-0022 amends Attachment 4.19-B of the Medicaid State Plan to make supplemental payments to the University of Connecticut (UConn) Health Center's physician group (which is the state-owned physician group that is affiliated with an academic medical center) for physicians' services provided to Medicaid members. The supplemental payments will be calculated based on the differential between the Medicare and Medicaid rates.

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: December 15, 2017

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 & Children's Health Operations

23. REMARKS:

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

f. Supplemental Reimbursement for Professional Services provided by University of Connecticut Health Care Center

Supplemental payments shall be made to the state-owned and operated University of Connecticut (UConn) Health Center's Physician Group for services provided by physicians employed or under contract to UConn.

Effective for dates of service on or after July 1, 2017, DSS will make supplemental payments to UConn's physician group for eligible services for the difference, if any, between Medicaid payments already made to these providers and payments at applicable Medicare rates.

Payments will be made quarterly. The methodology for calculating the supplemental payment for eligible professional services is as follows:

- a. After the close of each quarter, Medicaid claims will be obtained for dates of service between: (1) July 1, 2017 or the three quarters immediately prior to such quarter, whichever is later, and (2) the end of the applicable quarter.
- b. The Medicaid data will be summarized by procedure code and units of service. Claims where Medicare is the primary payer will be excluded.
- c. Medicaid payment for each procedure code will be calculated by multiplying the units of service by the applicable Medicaid rate for each procedure code.
- d. The Medicare payment rate for each procedure code will be obtained from the applicable Medicare fee schedule.
- e. Medicare payment for each procedure code will be calculated by multiplying the Medicaid units of service by the Medicare rate for each procedure code.
- f. Total Medicaid payments and total payments at Medicare rates will be summed. The difference will be the aggregate supplemental payment.
- g. Actual supplemental payment(s) from the preceding quarter(s) will be deducted to determine the supplemental payment for the current quarter. This is necessary to address the issue of claim runout (*i.e.*, the delay between provision of the service and billing, processing and payment of the claims) and avoid the need for reconciliation.
- h. Total supplemental payments for state fiscal year 2018 shall not exceed the room under the upper payment limit submitted with this SPA.
- i. Total annual supplemental payments for subsequent years shall not exceed the room under the upper payment limit per the annual submission due each June 30th.