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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 20-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

March 17, 2021

Kathleen M. Brennan, Deputy Commissioner
Department of Social Services
Office of the Deputy Commissioner
55 Farmington Avenue
Hartford, CT 06105-3730

RE: Connecticut State Plan Amendment (SPA) Transmittal Number 20-0022

Dear Deputy Commissioner Brennan:

We have reviewed the proposed Connecticut State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 30, 2020. This plan amendment updated the Person-Centered Medical Home (PCMH) program within the physicians' services benefit category.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact James Moreth at 206-615-2043 or James.Moreth@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 20-0022	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: October 1, 2020
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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 2021 \$0 b. FFY 2022 \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Pages 1(a)i(G), (H), and (I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19-B, Pages 1(a)i(G), (H), and (I)
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10. SUBJECT OF AMENDMENT: This SPA amends Attachment 4.19-B of the Medicaid State Plan to update the Person-Centered Medical Home (PCMH) program within the physicians' services benefit category as detailed in the cover letter to this SPA. In particular, this SPA updates the supplemental quality performance payments in several ways, including by combining the previously separate performance and improvement pools, changing the calculation methodology in a manner that targets payments to the highest performing/improving practices, and adding a challenge pool. This methodology is intended to be cost-neutral to the prior methodology and therefore, this SPA is not anticipated to change federal expenditures.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE:	16. RETURN TO: State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
13. TYPED NAME: Deidre S. Gifford	
14. TITLE: Commissioner	
15. DATE SUBMITTED: December 30, 2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/30/2020	18. DATE APPROVED: 3/17/2021
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2020	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Todd McMillion	22. TITLE: Director, FMG Division of Reimbursement Review

23. REMARKS:

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State: CONNECTICUT

basis on or before December 31st for services provided in the previous calendar year (the “measurement year”). Payment rates will not vary based on the practitioner type (physician, physician assistant, or nurse practitioner) to whom each recipient is attributed.

- i. Supplemental Payment for Performance and Improvement: Independent physician groups, solo physicians, nurse practitioner groups, and individual nurse practitioners that meet all requirements for this supplemental payment will receive a payment totaling a maximum of the amount specified below for each member’s enrollment month attributed to the practice. Payments will be issued retrospectively in a lump sum on an annualized basis on or before December 31st for services provided in the previous calendar year. The payment amount will be based on the practice’s performance during the measurement year using the quality performance measures described in subsection (5)(c) below. PCMH practices are eligible for this payment only if they participate as a PCMH for the entire measurement year.

Performance Component: Each PCMH practice’s performance on the quality performance measures are compared against all Medicaid-enrolled primary care practices that meet the minimum statistical thresholds for such measures and placed into percentiles, which are converted into points and averaged into a composite performance score. A practice earns 1 point for each measure where the rate is at or above the 75th percentile. A practice loses 1 point for each measure where the rate is at or below the 25th percentile. For measure rates that are between the 25th and 75th percentiles, the practice earns 0 points. Total earned performance points are then divided by the maximum possible earned points (i.e., the number of measures the practice qualified for) to yield the Performance Score.

Improvement Component: Each PCMH practice’s earned points for improvement for each measure compared to the practice’s rates from the previous year are calculated into a composite improvement score. A practice earns 1 point for each qualified measure where the rate for the current measurement year improved compared to the rate from the prior year. A practice loses 1 point for each qualified measure where the rate for the current measurement year worsened compared to the prior year rate. For rates that remain the same across both the measurement year and the year prior, the practice earns 0 points. Total earned improvement points are then divided by the maximum possible earned points (i.e., the number of measures the practice qualified for) to yield the Improvement Score.

Composite Score: Each qualified practice receives both the performance and improvement composite scores that range from -1 to 1. Those with high overall performance or high improvement receive higher scores (close to 1). Low performers and practices with no improvement receive lower scores (close to -1). The scored practices are plotted on the four quadrant graph with performance on the Y axis and improvement on the X axis as shown in this graph:

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The levels of per member per month payment are as follows:

Performance Quadrant	Supplemental Payment PMPM Amount
Quadrant 4	No payment
Quadrant 3	\$0.30 PMPM
Quadrant 2	\$0.30 PMPM
Quadrant 1	\$0.50 PMPM

Challenge Pool Supplemental Payment:

In addition to the Performance and Improvement Supplemental Payment described above, practices that are in the 90th percentile of performance on the challenge pool measures referenced in subsection (c) below will be eligible to receive a challenge pool supplemental payment. This payment is \$0.20 per member month, paid in the same manner and timeframe as the Performance and Improvement Supplemental Payment.

TN # 20-0022
Supersedes
TN # 12-008

Approval Date 3/17/21

Effective Date 10/01/2020

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- (c) Quality Performance Measures for PCMH Program. The department's quality performance measures for the PCMH program are updated as of January 1, 2021 and are effective for quality payments made on or after that date. The quality performance measures can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. Select "Information", then select "Publications", then scroll down to the section regarding the PCMH program. The quality measures are used to measure PCMH practices' performance and their eligibility for certain payments that are described in the relevant section of the plan as being made or determined using these quality measures. These quality measures are based on improving quality, access, and care outcomes.

TN # 20-0022
Supersedes
TN # 16-0002

Approval Date 3/17/21

Effective Date 10/01/2020