Table of Contents

State/Territory Name: CT

State Plan Amendment (SPA) #: 11-033

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Financial Management Group

APR 08 2015

Roderick L. Bremby, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033

RE: Connecticut 11-033

Dear Mr. Bremby:

We have reviewed the proposed amendment to Attachments 4.19-A and 4.19-B, of your Medicaid State plan submitted under transmittal number (TN) 11-033. This amendment implements adjustments for Provider Preventable Conditions (PPCs), consistent with Section 2702 of the Affordable Care Act of 2010 (ACA) and the implementing final rule at 42 CFR 447 Subpart A, for attachments 4.19-A and 4.19-B.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447. We are pleased to inform you that Medicaid State plan amendment 11-033 is approved effective March 1, 2012. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Novena James-Hailey at (617) 565-1291.

Sincerely,

Timothy Hill
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 11-033
2. STATE: CT
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR - CMS/CSMO
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE 3/01/2012

5 TYPE OF STATE PLAN MATERIAL (Check One):

__ NEW STATE PLAN __AMENDMENT TO BE CONSIDERED AS NEW PLAN _X__ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 2702 of the PPACA (Pub. L. No. 111-148 as amended by Pub. L. No. 111-152)

7. FEDERAL BUDGET IMPACT:
a. FFY 2012 - $ ~~XX~~ 598
b. FFY 2013 - $ ~~XX~~ 1,119

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
4.19A pages 26 and 27
4.19B pages ~~XX~~ 25 and 26

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable)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

SUBJECT OF AMENDMENT: Under proposed State Plan Amendment No. 11-033, the Department will amend the state plan to prohibit payment to physicians, advanced practice registered nurses, clinics, and hospital outpatient departments for the following preventable procedures/conditions: wrong surgery or other invasive procedure on a patient; surgery or other invasive procedures on the wrong patient, and surgery or other invasive procedure performed on the wrong body part. The Department anticipates that this prohibition will take effect on March 1, 2012.

11. GOVERNOR'S REVIEW (Check One):

_X_ 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:

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15 DATE SUBMITTED: September 30, 2011

16. RETURN TO:
State of Connecticut
Department of Social Services - 11th floor
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: APR 08 2015

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: MAR 01 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Kristin FAN

22. TITLE: Deputy Director, FMG

23. REMARKS: Boxes 7-9 pen and ink changes per state request.

FORM HCFA-179 (07-92)

State: CONNECTICUT

Citation
42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4),1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Health Care-Acquired Conditions (HCACs)

The State identifies the following Health Care-Acquired Conditions for non-payment under Section 4.19 (A) of this State plan.

__X__ Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients.

Other Provider-Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section(s) 4.19(A).

__X__ Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

_____Additional Other Provider-Preventable Conditions identified below:

State: CONNECTICUT

Citation
42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions
The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4),1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

In order to prevent payment to hospitals for the other provider preventable conditions, the Department requires hospitals to self report all of the following events: wrong surgical or other invasive procedure performed on a patient; surgical of other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.
For hospital inpatient claims, the Department requires the use of diagnosis codes to identify those claims that fall into one of the three categories and the Department will deny any such claims.

Payment adjustment for hospital acquired conditions in a general acute care hospital subject to cost settlement is addressed on Attachment 4.19A, page 1(ii). All other hospitals are reimbursed under a per diem rate methodology and, to the extent that the cost of the hospital acquired condition can be isolated, payment for the cost of the hospital acquired condition will be denied.

Assurances

1. No reduction in payment for a provider preventable condition will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for that patient by that provider.

2. Reductions in provider payment may be limited to the extent that the following apply: (i) The identified provider preventable conditions would otherwise result in an increase in payment; (ii) The State can reasonably isolate for nonpayment the portion of the payment directly related to treatment for, and related to, the provider preventable condition.

3. A State plan must ensure that nonpayment for provider-preventable conditions does not prevent access to services for Medicaid beneficiaries.

State: CONNECTICUT

Citation
42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903
Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4),1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Other Provider-Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section(s) 4.19(B) .

__X__ Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

_____Additional Other Provider-Preventable Conditions identified below:

Assurances

1. No reduction in payment for a provider preventable condition will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for that patient by that provider.

2. Reductions in provider payment may be limited to the extent that the following apply: (i) The identified provider preventable conditions would otherwise result in an increase in payment; (ii) The State can reasonably isolate for nonpayment the portion of the payment directly related to treatment for, and related to, the provider preventable condition.

3. A State plan must ensure that nonpayment for provider-preventable conditions does not prevent access to services for Medicaid beneficiaries.

State: CONNECTICUT

Payment Adjustment for Provider Preventable Conditions

In order to prevent payments for the other provider preventable conditions, the Department requires providers to self report all of the following events: wrong surgical or other invasive procedure performed on a patient; surgical of other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient. A claim submitted with any of the modifiers or diagnosis codes for any of those three events will be denied.