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State/Territory Name: CT

State Plan Amendment (SPA) #: 24-0008

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



Financial Management Group

April 12, 2024

Andrea Barton Reeves, J.D., Commissioner
Department of Social Services
55 Farmington Avenue, 5th Floor
Hartford, CT 06105-3730

ATTN: Ginny Mahoney

RE: Connecticut State Plan Amendment (SPA) Transmittal Number 24-0008

Dear Commissioner Reeves:

The Centers for Medicare and Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0008. This SPA establishes an emergency interim payment methodology for certain providers affected by the Change Healthcare cybersecurity incident.

We conducted our review of your submittal according to the statutory requirements in Title XIX of the Social Security Act and considering the flexibilities described in the March 15, 2024 Change Healthcare Cybersecurity Incident - CMS Response and State Flexibilities CMCS Informational Bulletin (CIB). We hereby inform you that Medicaid State plan amendment 24-0008 is approved effective February 22, 2024. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please contact Gary Knight at Gary.Knight@cms.hhs.gov.

Sincerely,



Rory Howe
Director

Enclosure

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

1. TRANSMITTAL NUMBER
2 4 — 0 0 0 8

2. STATE
CT

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
February 22, 2024

5. FEDERAL STATUTE/REGULATION CITATION
Social Security Act Section 1905(a)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 7.4-C, pages 1, 2, and 3 (New)

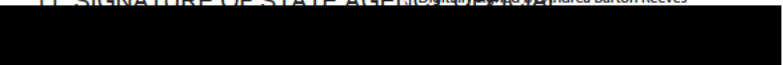
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT
Pursuant to and using the flexibilities announced in CMCS Information Bulletin dated 3/15/24, effective retroactive to 2/22/24 through 6/30/24, this SPA will amend Section 7 of the Medicaid State Plan to make interim payments to providers affected by the Change Healthcare cybersecurity incident. This SPA does not change any underlying covered services or payment methodology.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL *Andrea Barton Reeves*



12. TYPED NAME
Andrea Barton Reeves, J.D.

13. TITLE
Commissioner

14. DATE SUBMITTED
March 25, 2024

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

FOR CMS USE ONLY

16. DATE RECEIVED
March 25, 2024

17. DATE APPROVED
April 12, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
February 22, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, Financial Management Group

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut**Section 7 – General Provisions****7.4-C Interim Payments to Providers Affected by the Change Healthcare Cybersecurity Incident**

Effective retroactively to February 22, 2024, and effective for affected services provided on or before June 30, 2024, Medicaid providers that can demonstrate to the state with proper documentation that their ability to process and submit Medicaid claims was disrupted by the Change Healthcare cybersecurity incident (the incident) can request to receive interim payments for covered Medicaid services in accordance with this section. These payments will be in amounts representative of each applicable claims cycle, as set forth below under “Interim Payment” for services that were not otherwise paid as a result of the incident.

Eligible Provider Types

Eligible provider types include, but are not limited to the providers providing services and billing under each of the following Medicaid State Plan benefit categories within section 1905(a) of the Social Security Act unless specified otherwise below, each of which is defined in more detail in the applicable section of Attachments 4.19-A, 4.19-B, or 4.19-D:

- Inpatient Hospital (section 1905(a)(1)), including all applicable categories of inpatient hospital, e.g., acute care, chronic disease, etc.,
- Outpatient Hospital (section 1905(a)(2)(A)),
- Federally Qualified Health Centers (section 1905(a)(2)(C)),
- Laboratory services (section 1905(a)(3))
- Home Health (section 1905(a)(7)), including all applicable subcategories of 42 C.F.R. § 440.70 (i.e., nursing services, home health aide services, therapy services, and medical equipment, devices and supplies),
- Clinic Services (section 1905(a)(9)),
- Rehabilitation Services (section 1905(a)(13)(C)),
- Early and Periodic Screening Diagnostic and Treatment (EPSDT) (section 1905(a)(4)(B), specifically the School-Based Child Health (SBCH) benefit,
- Outpatient Prescription Drugs (Pharmacy) (section 1905(a)(12)),
- Physician Services (section 1905(a)(5)),
- Other Licensed Practitioner (section 1905(a)(6)), including all categories covered in Attachment 3.1-A of the Medicaid state plan (e.g., nurse practitioner, behavioral health clinician, podiatrist, naturopath, psychologist, acupuncturist, optometrist, etc.),
- Dentist (section 1905(a)(10)),
- Hospice (section 1905(a)(18)),
- Intermediate Care Facility for Individuals with Intellectual Disabilities (section 1905(a)(15)), and
- Any other benefit category covered by the state under the Medicaid State Plan pursuant to sections 1905(a), 1915(i), or 1915(k) and for which the provider demonstrates to the state that it was affected by the incident as detailed above.

TN # 24-0008Approval Date April 12, 2024Effective Date 02/22/2024

Supersedes

TN # NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ConnecticutInterim Payment

Medicaid providers are currently reimbursed via biweekly claim cycles with one three-week claim cycle occurring each quarter. Interim payments will be calculated in accordance with the methodology outlined below.

1. For biweekly claim cycles the payment amounts will be estimated for each impacted provider using the average biweekly claim cycle payment amount reimbursed between July 1, 2023, through February 29, 2024, except that providers whose ability to claim negatively affected the February 23, 2024 claims cycle, that time period will exclude such claims cycle. For any provider that first enrolled in the state's Medicaid program after July 1, 2023, the time period for this estimate will start on the first claims cycle in which payment was made after the effective date of their enrollment.
2. For three-week claim cycles the payment amounts will be estimated for each impacted provider using the average three-week claim cycle payment amount reimbursed between July 1, 2023, through February 29, 2024. For any provider that first enrolled in the state's Medicaid program after July 1, 2023, the time period for this estimate will start on the first claims cycle in which payment was made after the effective date of their enrollment.
3. For each claims cycle during the effective dates of this section for which the provider is requesting an interim payment, the interim payments will be calculated as the lesser of:
 - (a) the amount requested by the provider or
 - (b) (1) the estimated average biweekly or three-week claim cycle payment amounts, as applicable to the claims cycle minus (2) the amount that was actually paid in the impacted claim cycle.

Interim payments will be made for services provided through June 30, 2024, for as long as the provider is impacted by the incident.

Reconciliation

The payments authorized under this section are not advanced payments or prepayments prior to services furnished by providers. These interim payments will be reconciled to the final payment amount the provider was eligible to receive under the Medicaid state plan for its applicable provider type reimbursement during the timeframe for which it was receiving interim payments under this provision based on the actual covered services performed by the provider for Medicaid members. The reconciliation will be completed no later than September 30, 2024, except that, on a case-by-case basis, a provider may request an extension of time from the state and subject to the state's approval but no later than December 31, 2024 to complete the reconciliation due to extenuating circumstances documented by the provider and provided further that the provider demonstrates that it is taking reasonable efforts to expedite the reconciliation.

If the reconciliation results in discovery of an overpayment to the provider, the state will attempt to recoup the overpayment amounts within ninety (90) days and will return the federal share within the timeframe specified in 42 C.F.R. §§ 433.316 and 433.320 regardless of whether the state actually recoups the overpayment amount from the provider, unless an exception applies under 42 C.F.R. part 433, subpart F.

If the reconciliation results in an underpayment to the provider, the state will make an additional payment to the provider in the amount of the underpayment within 90 days.

TN # 24-0008
Supersedes
TN # NEW

Approval Date April 12, 2024Effective Date 02/22/2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

Assurances

The state will follow all applicable program integrity requirements relating to interim payments to providers and the associated reconciliation process. The state will ensure that all providers receiving payments under this interim methodology will continue to furnish applicable services to Medicaid beneficiaries during the interim payment period and that access to such services is not limited.

TN # 24-0008
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TN # NEW

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