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**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 21-0028**

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



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**Financial Management Group**

December 20, 2021

Deidre S. Gifford, MD, MPH, Commissioner  
Department of Social Services  
55 Farmington Avenue, 9<sup>th</sup> Floor  
Hartford, Connecticut 06105

**RE: Connecticut State Plan Amendment (SPA) Transmittal Number 21-0028**

Dear Commissioner Gifford:

We have reviewed the proposed Connecticut State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-21-0028, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30th, 2021. This plan implements a supplemental payment for the difference between payment at Medicare and Medicaid rates for physician services provided by the physician group affiliated with Connecticut Children's Medical Center (CCMC).

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1<sup>st</sup>, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or [jerica.bennett@cms.hhs.gov](mailto:jerica.bennett@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

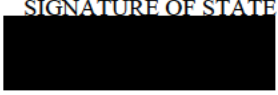
<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 21-0028	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: July 1, 2021	
5. TYPE OF STATE PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		

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

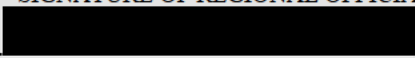
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(5) of the Social Security Act and 42 CFR 440.50	7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$0 b. FFY 2022 \$2.8 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B Page 1(a)i(P)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) NEW

10. SUBJECT OF AMENDMENT: This SPA amends Attachment 4.19-B of the Medicaid State Plan to make supplemental payments to the physician group of Connecticut Children’s Medical Center’s (CCMC), currently the only licensed short-term children’s general hospital in Connecticut, for physicians’ services provided to Medicaid members. The specific methodology for calculating this amount involves collecting data on total Medicaid paid claims for this physician group after the end of each calendar quarter and calculating the difference between that amount and the amount that would have been paid by Medicare for the same services.

11. GOVERNOR’S REVIEW (Check One):  <input checked="" type="checkbox"/> GOVERNOR’S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR’S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input type="checkbox"/> OTHER, AS SPECIFIED:
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12. SIGNATURE OF STATE AGENCY OFFICIAL: 	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, MD, MPH	
14. TITLE: Commissioner	
15. DATE SUBMITTED: September 30, 2021	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 30, 2021	18. DATE APPROVED: December 20, 2021
<b>PLAN APPROVED – ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Todd McMillion	22. TITLE: Director, Division of Reimbursement Review
23. REMARKS:	

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

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**g. Supplemental Reimbursement for Professional Services Provided by Connecticut Children's Medical Center's Physician Group**

Supplemental payments shall be made to the non-governmental licensed short-term general children's hospital Connecticut Children's Medical Center's (CCMC) privately-owned and operated physician group for services provided by physicians employed by or under contract to CCMC.

Effective for dates of service on or after July 1, 2021, DSS will make supplemental payments to the physician group for eligible services for the difference, if any, between Medicaid payments already made to these providers and payments at applicable Medicare rates. Total Medicaid payments to this physician group, including both fee-for-service payments and this supplemental payment, will be 100% of the Medicare physician fee schedule as calculated in accordance with the methodology detailed below.

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 from the Medicaid Management Information System (MMIS) for dates of service between: (1) July 1, 2021 or the quarter 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 is the paid amount per the MMIS query.
- d. The Medicare payment rate for each procedure code will be obtained from the applicable Medicare fee schedule published effective for dates of services on or after January 1 each year.
- 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 (each calculated as set forth above) will each be summed. The difference between those two amounts will be the aggregate supplemental payment.
- g. The actual supplemental payment from the preceding quarter will be deducted to determine the supplemental payment for the current quarter. This is necessary to address the issue of claim runoff (*i.e.*, the delay between provision of the service and billing, processing and payment of the claim) and to avoid the need for reconciliation.

TN # 21-0028Approval Date 12/20/2021Effective Date 07/01/2021

Supersedes

TN # NEW