

Table of Contents

State/Territory Name: CT

State Plan Amendment (SPA) #: 13-038

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
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

February 12, 2014

Roderick Bremby, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, Connecticut 06106

Dear Mr. Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 13-038, submitted to my office on December 30, 2013. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan Attachments 4.19B in order to implement Alternative Payment Methodology (APM) Medicaid payments for federally qualified health centers (FQHC's) for State Fiscal Year 2014.

This SPA has been approved effective December 1, 2013, as requested by the State.

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

- Addendum page 9 to Attachment 4.19B Page 1

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at Marie.Montemagno@cms.hss.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: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 13-038	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: December 1, 2013
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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: Sections 1902(bb) and 1905(a)(2)(C)	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$5 m cost b. FFY 2015 n/a
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Addendum Page 9 to Attachment 4.19-B page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if applicable) New

10. SUBJECT OF AMENDMENT: Effective for dates of service from December 1, 2013 through June 30, 2014, SPA 13-038 proposes to amend Attachment 4.19-B of the Connecticut Medicaid State Plan to implement supplemental Medicaid payments for federally qualified health centers (FQHCs) for State Fiscal Year 2014.

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:
Comments if any to follow

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Deputy Commissioner for</i>	16. RETURN TO: State of Connecticut Department of Social Services 25 Sigourney Street Hartford, CT 06106-5033 Attention: Ginny Mahoney, Medical Policy
TYPED NAME: Roderick L. Bremby	
14. TITLE: Commissioner	
15. DATE SUBMITTED: December 30, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/30/2013	18. DATE APPROVED: 02/12/2014
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 12-01-2013	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Richard R. McGreal</i>
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

(e) Federally Qualified Health Centers (FQHC) Alternative Payment

Methodology (APM) Payments – FQHC Medicaid APM payments shall be equal to each clinic’s PPS plus an additional payment. The additional payment is based on the number of FQHC medical encounters and dental encounters for dates of service from December 1, 2013 through June 30, 2014. The additional payment shall be established at \$26.09 per encounter for FQHCs with a medical encounter rate below \$141.00 and \$19.57 for FQHCs with a medical encounter rate of \$141.00 and above. Additional payments shall be made in an annual lump sum no later than ninety days after June 30, 2014 and shall be limited to \$10,000,000 in aggregate and shall not exceed the following FQHC specific limits. Providers are required to make adequate documentation available to the Department as necessary to allocate the additional payment used for this APM.

Charter Oak Health Center Inc.	\$854,467
Community Health & Wellness Center of Greater Torrington	\$213,327
Community Health Center, Inc.	\$2,380,220
Community Health Services, Inc.	\$511,724
Connecticut Institute for Communities, Inc.	\$95,449
Cornell Scott Hill Health Corporation	\$1,284,852
East Hartford Community Healthcare, Inc.	\$564,074
Fair Haven Community Health Clinics, Inc.	\$526,949
Generations Family Health Center, Inc.	\$444,769
Norwalk Community health Center, Inc.	\$289,168
Optimus Health Care, Inc.	\$1,255,056
Southwest Community Health Center	\$590,449
Staywell Health Center, Inc.	\$603,360
United Community (look-alike-FQHC)	\$386,136

After timely filing limits have been reached, any subsequent negative adjustments related to overpayments shall be applied on a FQHC specific basis and will not result in any redistributions or additional payments.

TN # 13-038
Supersedes
TN # NEW

Approval Date 2/12/14

Effective Date 12-01-2013