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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**

August 28, 2018

Roderick Bremby, Commissioner  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105

Dear Commissioner Bremby:

We are pleased to enclose via email a copy of approved Connecticut State Plan Amendment (SPA) No. 16-002, submitted to my office on March 31, 2016 and approved on August 15, 2018.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to update the methodology for the person-centered medical home (PCMH) program. PCMH practices currently, in addition to rate add-ons, may be eligible for supplemental payments for performance incentives and supplemental payments for performance improvement based on their performance in specified quality measures.

This SPA updates the quality performance measures that are used in determining PCMH supplemental payments. It also enables DSS to include PCMH practices' risk score factors in calculating PCMH supplemental payments. Finally, this SPA adjusts the timeframe for making PCMH supplemental payments to better align with the process for analyzing practices' performance.

This SPA's approval is effective January 1, 2016, as requested by the State.

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

- Addendum Page 4 to Attachment 4.19B
- Addendum Page 5 to Attachment 4.19B
- Addendum Page 8 to Attachment 4.19B
- Attachment 4.19-B, Page l(a)i(G)
- Attachment 4.19-B, Pages l(a)i(I)

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov)

Sincerely,  
/S/  
Richard R. McGreal  
Associate Regional Administrator

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

1. TRANSMITTAL NUMBER:  
16-002

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:  
January 1, 2016

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 1905(a)(2)(A), (5), and (6) of the Social Security  
Act and 42 CFR 440.20(a), 50, and 60

7. FEDERAL BUDGET IMPACT:  
a. FFY 2016 \$0  
b. FFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Addendum Pages 4, 5, and 8 to Attachment 4.19-B Page 1  
Attachment 4.19B Page 1(a)i(G)  
Attachment 4.19B Page 1(a)i(I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (if applicable)  
Addendum Pages 4, 5, and 8 to Attachment 4.19-B Page 1  
Attachment 4.19B Page 1(a)i(G)  
Attachment 4.19B Page 1(a)i(I)

10. SUBJECT OF AMENDMENT: Effective January 1, 2016, SPA 16-002 amends Attachment 4.19-B of the Medicaid State Plan to update the methodology for the person-centered medical home (PCMH) program as described below. Under the existing approved Medicaid State Plan, in addition to rate add-ons, based on their performance in specified quality measures, PCMH practices may be eligible for supplemental payments for performance incentives and supplemental payments for performance improvement (together known as PCMH supplemental payments). First, this SPA updates the quality performance measures that are used in determining PCMH supplemental payments. Second, this SPA enables DSS to include PCMH practices' risk score factors in calculating PCMH supplemental payments. Third, this SPA adjusts the timeframe for making PCMH supplemental payments to better align with the process for analyzing practices' performance.

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/S/

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED: March 31, 2016

16. RETURN TO:

State of Connecticut  
Department of Social Services  
55 Farmington Avenue – 9th floor  
Hartford, CT 06105  
Attention: Ginny Mahoney

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: March 31, 2016

18. DATE APPROVED: August 15, 2018

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

23. REMARKS:

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**State Connecticut**

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- i. For Glide Path clinics, the total payment for each visit that included one or more procedures corresponding to the procedure codes listed above, including the rate add-on, is 109% of the medical visit rate.
- ii. For NCQA PCMH Level 2, the total payment for each visit that included one or more procedures corresponding to the procedure codes listed above, is 114% of the medical visit rate.
- iii. For NCQA PCMH Level 3, the total payment for each visit that included one or more procedures corresponding to the procedure codes listed above, is 116% of the medical visit rate.

**2. PCMH Supplemental Payments for Outpatient Hospital Clinic Performance**

For PCMH practices only, the two types of supplemental payments detailed below will be paid to outpatient hospital clinic PCMHs on a retrospective annualized basis based upon an attribution methodology, where recipients will be attributed to outpatient hospital clinic PCMHs based on their claims history, in accordance with the department's current written attribution methodology. The attribution methodology assigns recipients to primary care practitioners based on claims volume analyzed retrospectively every calendar month. If a recipient receives care from multiple providers during a given period, the recipient is assigned to the practice that provided the plurality of care and if there is no single largest source of care, to the most recent source of care. Recipients may affirmatively select a PCMH practice as their primary care provider. After making a selection, regardless of the sources of care received prior to their selection during the period of claims measured in an attribution cycle, the recipient will be automatically attributed to their selected practice in the next attribution cycle. However, the recipient's selection will be overridden if, after making a selection, the recipient later receives more care from another practice in the same period of claims measured, although attribution is not changed if the recipient receives care from another practitioner within the same practice. Payments will be issued to eligible outpatient hospital clinic PCMHs retrospectively in a lump sum on an annualized basis on or before December 31st for services provided in the previous calendar year (the "measurement year").

- a. Supplemental Payment for Performance Incentives: Outpatient hospital clinics that meet all requirements for this supplemental payment will receive a payment totaling a maximum of \$0.97 for each member's enrollment month attributed to the clinic. 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 clinic's performance compared with all other PCMH practices during the measurement year using the quality performance measures described in subsection (2)(d) below. PCMH practices are eligible for this payment only if they participate as a PCMH for the entire measurement year. The tiers of performance are as follows:

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<b>Performance Percentile</b>	<b>Level of Supplemental Payment</b>
Under 25th percentile	No payment
25th–50th percentile	25% of possible payment
51st–75th percentile	50% of possible payment
76th–90th percentile	75% of possible payment
91st–100th percentile	100% of possible payment

- b. Supplemental Payment for Performance Improvement: Outpatient hospital clinic PCMHs that meet all requirements for this supplemental payment will receive a payment totaling a maximum of \$0.81 for each member’s enrollment month attributed to the clinic. 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. PCMH practices are eligible for this payment only if they have participated as a PCMH for at least two full calendar years. The payment amount will be based on the practice’s performance using the quality performance measures described in subsection (2)(d) below.

The Department will make tiered payments based on each clinic’s degree of improvement compared with the previous year. Performance targets and tiers will be set collectively and for each quality performance measure described in subsection (2)(d) below based on the clinical or social significance of each measure and the practice’s ability and need to improve in each measure. The tiers will be adjusted each year to account for variation in past performance. Clinics performing in the 91<sup>st</sup> to 100<sup>th</sup> percentile at both baseline and measurement years will be eligible for this supplemental payment even without any improvement in a given measurement year.

- (b) **Rural health clinic services** – not provided.

- (c) **Federally Qualified Health Centers (FQHC)** rates are set according to the Regulations of Connecticut State Agencies, governing community health centers (Attached Page 1(b) Addendum). The rate setting methodology conforms to the prospective payment system under Medicare, Medicaid and SCHIP Benefits Improvement and Protections Act (BIPA) of 2000.

Effective only from January 1, 2012 through December 31, 2012, Person Centered Medical Home (PCMH) practices are individual FQHC sites that have met National Committee for

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- (d) Quality Performance Measures for PCMH Program. The department’s quality performance measures for the PCMH program were updated as of January 1, 2016 and are effective for measurement of provider services and care outcomes 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](http://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.

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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 Incentives: 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 \$0.60 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 compared with all other PCMH practices 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. The tiers of performance are as follows:

<b>Performance Percentile</b>	<b>Level of Supplemental Payment</b>
Under 25 <sup>th</sup> percentile	No payment
25 <sup>th</sup> –50 <sup>th</sup> percentile	25% of possible payment
51 <sup>st</sup> –75 <sup>th</sup> percentile	50% of possible payment
76 <sup>th</sup> –90 <sup>th</sup> percentile	75% of possible payment
91 <sup>st</sup> –100 <sup>th</sup> percentile	100% of possible payment

- ii. Supplemental Payment for Performance 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 \$0.68 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. PCMH practices are eligible for this payment only if they have participated as a PCMH for at least two full calendar years. The payment amount will be based on the practice’s performance using the quality performance measures described in subsection (5)(d) below.

**TN # 16-002**  
**Supersedes**  
**TN # 12-008**

**Approval Date 8/15/18 \_\_\_\_\_ Effective Date 01-01-2016**

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**State: CONNECTICUT**

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- (c) Quality Performance Measures for PCMH Program. The department's quality performance measures for the PCMH program were updated as of January 1, 2016 and are effective for measurement of provider services and care outcomes 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](http://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 # 16-002**  
**Supersedes**  
**TN # 12-008**

**Approval Date 8/15/18\_\_\_\_\_ Effective Date 01-01-2016**