



Boston Regional Operations Group

May 1, 2019

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. 19-0006, submitted to my office on March 29, 2019 and approved on May 1, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to increase the total maximum amount available for care coordination add-on payments to Federally Qualified Health Centers (FQHCs) that are Participating Entities in the PCMH+ program to \$6.6 million for calendar year 2019 (an increase from \$6.0 million for calendar year 2019 in the current approved state plan language). That figure is a maximum total amount of per member per month (PMPM) payments calculated based on the number of individual Medicaid members assigned each month to applicable FQHCs for PCMH+ program.

This SPA's approval is effective January 1, 2019, as requested by the State.

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

- Attachment 4.19-B, Page 38

If you have any questions regarding this matter you may contact Marie DiMartino (978) 330-8063 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely,

Francis T. McCullough
Director
Division of Medicaid Field Operations East (Boston)

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 19-0006	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, 2019	
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: Sections 1905(a)(29) and 1905(t) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$290,000 b. FFY 2020 \$87,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 38	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19-B, Page 38

10. SUBJECT OF AMENDMENT: Effective January 1, 2019, SPA 19-0006 amends Attachment 4.19-B of the Medicaid State Plan to increase the total maximum amount available for care coordination add-on payments to Federally Qualified Health Centers (FQHCs) that are Participating Entities in the PCMH+ program to \$6.6 million for calendar year 2019 (an increase of from \$6.0 million for calendar year 2019 in the current approved state plan language). That figure is a maximum total amount of per member per month (PMPM) payments calculated based on the number of individual Medicaid members assigned each month to the applicable FQHCs for the PCMH+ program. Due to projected numbers of individuals assigned to the applicable FQHCs for PCMH+ for each month of calendar year 2019, it is not likely that the full \$6.6 million will be paid during calendar year 2019. Accordingly, DSS anticipates the total fiscal impact of this SPA to be less than \$600,000 (state and federal share combined for calendar year 2019).

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:
Kathleen M. Brennan, Deputy Commissioner for Roderick L. Bremby

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

13. TYPED NAME: Roderick L. Bremby
14. TITLE: Commissioner
15. DATE SUBMITTED:
March 29, 2019

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 29, 2019	18. DATE APPROVED: May 1, 2019
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Francis T. McCullough</i>
21. TYPED NAME: Francis T. McCullough	22. TITLE: Director Division of Medicaid Field Operations-East
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState: Connecticut

Entities. As such, it is certain that the full Challenge Pool will be returned. It should be noted that the Challenge Pool payment to any particular Participating Entity is not directly related to its individual savings.

*Challenge Pool Distribution Participating Entity A = (Participating Entity A Number of Challenge measures passed * Number Assigned PCMH+ Members in Participating Entity A) / (∑ Participating Entity Number of measures passed * Participating Entity Number of Members)*

VI. Care Coordination Add-On Payment Methodology (FQHCs Only)

DSS will make Care Coordination Add-On Payments prospectively to Participating Entities that are FQHCs (but not Advanced Networks that include one or more FQHCs) on a monthly basis using a per-member per-month (PMPM) amount for each beneficiary assigned to the FQHC, using the assignment methodology described above. DSS will factor the Care Coordination Add-On Payments in each FQHC's shared savings calculation. For the Performance Year for dates of service for calendar years 2017 and each Performance Year thereafter, except as otherwise provided below, the PMPM payment amount is \$4.50.

For the Performance Year for dates of service for calendar year 2017, the total pool of funds for making Care Coordination Add-On Payments is \$5.57 million. For the Performance Year for dates of service for calendar year 2018, the total pool of funds for making Care Coordination Add-On Payments is \$6.1 million. For the Performance Year for dates of service for calendar year 2019, the total pool of funds for making Care Coordination Add-On Payments is \$6.6 million. Notwithstanding the PMPM payment amount listed above, if DSS determines that this total pool of funds may be reached or exceeded in a calendar month, DSS shall reduce the PMPM amount for that month as necessary in order to remain within the total pool of funds and no PMPM payments will be made for any subsequent months in the performance year.

TN # 19-0006
Supersedes
TN # 18-0011

Approval Date: 5/1/19____ Effective Date: January 1, 2019