

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 21-AC: Physician Supplemental Payments for CCMC Affiliate

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

Changes to Medicaid State Plan

Effective on or after July 1, 2021, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to implement 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). The specific methodology for calculating this amount is set forth in the SPA page, which involves collecting data on total Medicaid paid claims for this physician group at 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.

The purpose of this SPA is to provide the supplemental payment set forth above to reflect the unique services provided by and unique costs of such services for the affiliated physician group of CCMC, which is currently the only licensed short-term children's general hospital in Connecticut.

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$5.1 million in State Fiscal Year (SFY) 2022 and \$6.8 million in SFY 2023.

Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS web site at this link: This SPA is posted on the DSS web site at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>. The proposed SPA may also be obtained at any DSS field office or the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference "SPA 21-AC: Physician Supplemental Payments for CCMC Affiliate".

Anyone may send DSS written comments about the SPA. Written comments must be received by DSS at the above contact information no later than July 29, 2021.

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

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

Supplemental payments shall be made to non-governmental licensed short-term general children's hospital Connecticut Children's Medical Center's (CCMC) Physician Group for services provided by physicians employed 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.

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 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.
- 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 will be summed. The difference will be the aggregate supplemental payment.
- g. 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 runout (*i.e.*, the delay between provision of the service and billing, processing and payment of the claims) and avoid the need for reconciliation.

TN # 21-AC
Supersedes
TN # NEW

Approval Date _____

Effective Date 07-01-2021