

## DEPARTMENT OF SOCIAL SERVICES

### Special Notice of Proposed Medicaid State Plan Amendment 13-038

#### **PAYMENT RATES for FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) AND LOOK-ALIKE FQHCs (SPA # 13-038)**

**Date: September 10, 2013**

On August 27, 2013, the Department issued public notice of its intent to submit a Medicaid State Plan Amendment (SPA) that would establish payments for FQHCs.

#### **The Department has extended the time frame for the submission of comments to September 25, 2013.**

Please mail or e-mail your comments to: Christopher LaVigne, Office of Reimbursement & Certificate of Need, Department of Social Services, 25 Sigourney Street, Hartford, CT 06106-5033, Telephone: (860) 424-5719, Fax: (860) 424-4812, Email: [Christopher.Lavigne@ct.gov](mailto:Christopher.Lavigne@ct.gov).

Please reference the SPA TN # 13-038 Payments to FQHCs. Please find below the original public notice followed by the State Plan language concerning SPA 13-038.

#### **CT Law Journal – August 27, 2013 Notice**

The State of Connecticut Department of Social Services (the “Department”) proposes to submit an amendment to the Medicaid State Plan to the Centers for Medicare and Medicaid Services (CMS) within the U.S. Department of Health and Human Services. The proposed State Plan Amendment (SPA) will establish supplemental payments for FQHCs.

#### Changes to Medicaid State Plan

Effective on or after September 1, 2013, this SPA will amend Attachment 4.19-B of the Connecticut Medicaid State Plan to set forth a payment methodology for supplemental payments to FQHCs within a maximum pool of \$10 million for State Fiscal Year 2014 and \$10 million for State Fiscal Year 2015.

#### Fiscal Information – Estimated Annual Change to Medicaid Expenditures

It is estimated that the proposed amendment will increase annual aggregate expenditures by \$10 million in State Fiscal Year 2014 and \$10 million in State Fiscal Year 2015.

#### Additional Information

In accordance with federal requirements governing the Medicaid program, upon request, the Department will provide copies of the proposed amendment to the Medicaid State Plan. In addition, copies of the proposed amendment may be obtained at each of the Department’s regional offices and on the Department’s web site: <http://www.ct.gov/dss>, Go to “Publications” and then to “Updates”.

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

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**(e) Federally Qualified Health Centers (FQHC) Supplemental Payments - Medicaid** supplemental payments shall be made to FQHCs based on FQHC medical visits (Procedure T1015) for dates of service from September 1, 2013 through December 31, 2013. The per visit supplemental payment amount shall be uniform across all FQHCs and shall be limited on a pro rata basis to \$5,000,000. FQHC supplemental payments will be reconciled on a quarterly basis to reflect actual claim volume for the September 1, 2013 through December 31, 2013 period.

The per visit supplemental payment amount shall be calculated by dividing the \$5,000,000 supplemental pool by the estimated number of FQHC medical visits (Procedure T1015) for dates of service from September 1, 2013 through December 31, 2013. On a quarterly basis, the number of FQHC medical visits (Procedure T1015) shall be updated and payments will be adjusted to reflect actual claim volume. After timely filing limits have been reached, any additional adjustments will be applied on a per FQHC basis and will not result in any redistributions or additional payments.

For the period of January 1, 2014 through June 30, 2015, FQHC supplemental payments shall be made to FQHCs based on FQHC medical visits (Procedure T1015) on a quarterly basis for dates of service during the quarter. The per visit supplemental payment amount shall be weighted based on the most recently available FQHC's acuity score, as determined by the DST Health Solutions CareAnalyzer, compared with all other FQHCs during the most recent 6 month measurement period. The DST Health Solutions CareAnalyzer measurement periods shall be established as July 1<sup>st</sup> through December 31<sup>st</sup> and January 1<sup>st</sup> through June 30<sup>th</sup>. Supplemental payments shall be limited on a pro rata basis to \$2,500,000 per quarter. The per visit supplemental payment amount shall be calculated by dividing the \$2,500,000 supplemental pool by the estimated number of FQHC medical visits (Procedure T1015) weighted by the Cumulative Weight Factor on the following acuity schedule.

Payment Level	Acuity Score	Cumulative Weight Factor
A	greater than 1.75	330%
B	between 1.500 and 1.749	165%
C	Between 1.250 and 1.499	110%
D	Less than 1.249	base rate

On a quarterly basis, the number of FQHC medical visits (Procedure T1015) shall be updated and payments will be adjusted to reflect actual quarterly claim volume for dates of service in the quarter. After timely filing limits have been reached, any additional adjustments will be applied on a per FQHC basis and will not result in any redistributions or additional payments.

TN # 13-038  
 Supersedes  
 TN # NEW

Approval Date \_\_\_\_\_

Effective Date 09-01-2013