

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: December 13, 2013

On November 19th 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 December 28, 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.

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 – November 19, 2013 Notice

The State of Connecticut Department of Social Services (the “Department”) proposes to submit an amendment to the Connecticut Medicaid State Plan the Centers for Medicare and Medicaid Services (CMS) within the U.S. Department of Health and Human Services. The proposed State Plan Amendment (SPA) # 13-038 will establish supplemental payments for FQHCs. This revised notice supersedes the public notice that was published on August 27, 2013.

Changes to Medicaid State Plan

In accordance with the Legislative Budget adopted for the State Fiscal Year 2014 and State Fiscal Year 2015 biennium, effective on or after December 1, 2013, this SPA will amend Attachment 4.19-B of the 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

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**

(e) Federally Qualified Health Centers (FQHC) Supplemental Payments - Medicaid supplemental payments shall be made on a monthly basis to FQHCs based on FQHC medical visits and dental visits for dates of service from December 1, 2013 through June 30, 2014.

The interim per visit supplemental payment amounts shall be established at \$13.94 per visit for FQHCs with a medical visit rate below \$140.00 and \$10.46 for FQHCs with a medical rate \$140.00 and above. The per visit supplemental payment amounts shall be adjusted to limit, on a pro rata basis, FQHC supplemental payment to a total of \$10,000,000 for FQHC medical visits and FQHC dental visit for the service period of December 1, 2013 through June 30, 2014. After timely filing limits have been reached, any subsequent negative 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 12-01-2013