

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

APR 08 2015

Roderick L. Bremby, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033

RE: Connecticut 11-033

Dear Mr. Bremby:

We have reviewed the proposed amendment to Attachments 4.19-A and 4.19-B, of your Medicaid State plan submitted under transmittal number (TN) 11-033. This amendment implements adjustments for Provider Preventable Conditions (PPCs), consistent with Section 2702 of the Affordable Care Act of 2010 (ACA) and the implementing final rule at 42 CFR 447 Subpart A, for attachments 4.19-A and 4.19-B.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447. We are pleased to inform you that Medicaid State plan amendment 11-033 is approved effective March 1, 2012. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Novena James-Hailey at (617) 565-1291.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy Hill". The signature is fluid and cursive, with a long horizontal stroke at the end.

Timothy Hill
Director

A second handwritten signature in black ink, appearing to read "Timothy Hill". This signature is more stylized and cursive than the one above, with a prominent loop at the end.

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | 1. TRANSMITTAL NUMBER: 11-033 | 2. STATE: CT |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR - CMS/CSMO DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE 3/01/2012 | |
| 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)

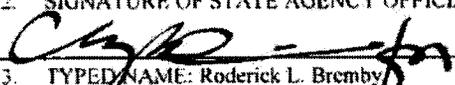
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| 6. FEDERAL STATUTE/REGULATION CITATION: Section 2702 of the PPACA (Pub. L. No. 111-148 as amended by Pub. L. No. 111-152) | 7. FEDERAL BUDGET IMPACT: a. FFY 2012 - \$ XX 598 b. FFY 2013 - \$ XX 1,119 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4-19A pages 26 and 27 4-19B page 3 25 and 26 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) - New |

SUBJECT OF AMENDMENT: Under proposed State Plan Amendment No. 11-033, the Department will amend the state plan to prohibit payment to physicians, advanced practice registered nurses, clinics, and hospital outpatient departments for the following preventable procedures/conditions: wrong surgery or other invasive procedure on a patient; surgery or other invasive procedures on the wrong patient, and surgery or other invasive procedure performed on the wrong body part. The Department anticipates that this prohibition will take effect on March 1, 2012.

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

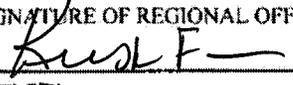
OTHER, AS SPECIFIED:

| | |
|--|--|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO: State of Connecticut Department of Social Services - 11 th floor 25 Sigourney Street Hartford, CT 06106-5033 Attention: Ginny Mahoney |
| 13. TYPED NAME: Roderick L. Bremby | |
| 14. TITLE: Commissioner | |
| 15. DATE SUBMITTED: September 30, 2011 | |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED: | 18. DATE APPROVED: APR 08 2012 |
|--------------------|--------------------------------|

PLAN APPROVED - ONE COPY ATTACHED

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|---|---|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: MAR 01 2012 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: Kristin Fan | 22. TITLE: Deputy Director, FMG |

23. REMARKS:
Boxes 7-9 pen and ink changes per state request.

State: CONNECTICUT

Citation

42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Health Care-Acquired Conditions (HCACs)

The State identifies the following Health Care-Acquired Conditions for non-payment under Section 4.19 (A) of this State plan.

 X Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients.

Other Provider-Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section(s) 4.19(A).

 X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

 Additional Other Provider-Preventable Conditions identified below:

TN #: 11-033
Supersedes
TN #: NEW

Approval Date: APR 08 2015

Effective Date 03/01/2012

State: CONNECTICUT

Citation

42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

In order to prevent payment to hospitals for the other provider preventable conditions, the Department requires hospitals to self report all of the following events: wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient. For hospital inpatient claims, the Department requires the use of diagnosis codes to identify those claims that fall into one of the three categories and the Department will deny any such claims.

Payment adjustment for hospital acquired conditions in a general acute care hospital subject to cost settlement is addressed on Attachment 4.19A, page 1(ii). All other hospitals are reimbursed under a per diem rate methodology and, to the extent that the cost of the hospital acquired condition can be isolated, payment for the cost of the hospital acquired condition will be denied.

Assurances

1. No reduction in payment for a provider preventable condition will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for that patient by that provider.
2. Reductions in provider payment may be limited to the extent that the following apply: (i) The identified provider preventable conditions would otherwise result in an increase in payment; (ii) The State can reasonably isolate for nonpayment the portion of the payment directly related to treatment for, and related to, the provider preventable condition.
3. A State plan must ensure that nonpayment for provider-preventable conditions does not prevent access to services for Medicaid beneficiaries.

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State: CONNECTICUT

Citation

42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Other Provider-Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section(s) 4.19(B) .

 X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

 Additional Other Provider-Preventable Conditions identified below:

Assurances

1. No reduction in payment for a provider preventable condition will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for that patient by that provider.
2. Reductions in provider payment may be limited to the extent that the following apply: (i) The identified provider preventable conditions would otherwise result in an increase in payment; (ii) The State can reasonably isolate for nonpayment the portion of the payment directly related to treatment for, and related to, the provider preventable condition.
3. A State plan must ensure that nonpayment for provider-preventable conditions does not prevent access to services for Medicaid beneficiaries.

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Payment Adjustment for Provider Preventable Conditions

In order to prevent payments for the other provider preventable conditions, the Department requires providers to self report all of the following events: wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient. A claim submitted with any of the modifiers or diagnosis codes for any of those three events will be denied.

TN #: 11-033

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