DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303

DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 10, 2014

Lawrence Kissner, Commissioner
Department for Medicaid Services
275 East Main Street, 6WA
Frankfort, KY 40621-0001

Re: Kentucky State Plan Amendment 13-013

Dear Mr. Kissner:

We have reviewed the proposed Kentucky state plan amendment (SPA) 13-013, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2013. Kentucky SPA 13-013 changes the reimbursement methodology for primary care centers (PCCs) from a prospective payment system methodology to a fee for service methodology.

Based on the information provided, the Medicaid State Plan Amendment KY 13-013 was approved on March 10, 2014. The effective date of this amendment is September 6, 2013. Enclosed are the approved HCFA-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Darlene Noonan at (404) 562-2707 or Darlene.Noonan@cms.hhs.gov.

Sincerely,

Jackie Glaze

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 13-013

2. STATE: Kentucky

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
Effective September 6 2013

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
Section 2301 of the Affordable Care Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 $0.00 1,100,000
b. FFY 2015 1.5 M ~~$Indeterminable (see cover letter)~~

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Att. 4.19-B, Page 20.15(a)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Same

10. SUBJECT OF AMENDMENT:
The purpose of this State Plan Amendment is to establish new reimbursement for Primary Care Centers

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
X OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Lawrence Kissner

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: 9/6/13

16. RETURN TO:
Department for Medicaid Services
275 East Main Street 6W-A
Frankfort, Kentucky 40621

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 09/30/13

18. DATE APPROVED: 03/10/14

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 09/06/13

20. SIGNATURE OF REGIONAL OFFICIAL: Jackie Glaze

21. TYPED NAME: Jackie Glaze

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Opns

23. REMARKS: Approved with the following changes as authorized by the state agency on email date 3/10/14.

Block #7 changed to read: FFY2014 ($1,100,000) and FFY15 ($1.5M).

Primary Care Centers

B. Reimbursement for Services Provided by a PCC and provided on or after September 6, 2013 to a Medicaid Fee-For-Service Medicaid Recipient

1 For services provided to a recipient that is not an enrollee in a managed care organization and provided by a PCC that is not an FQHC, FQHC look-alike or RHC, providers will be reimbursed 100% of the Medicare Physician Fee Schedule rate that is in effect as of 9/1/2013 and updated annually on January 1.