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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

August 19, 2013

Roderick L. Bremby, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, Connecticut 06106

Dear Mr. Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No.12-008, submitted March 30, 2012 proposing to modify Attachments 3.1A, 3.1B and Attachment 4.19B of the Connecticut State Plan in order to revise the reimbursement methodology for physicians. The Department also added physician assistants as an "other practitioner" service. The Department also added reimbursement and payment methodologies for practitioners who qualify as person-Center Medical Homes.

This SPA has been approved effective January 1st, 2012, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 3.1A, Addendum page 4f
- Attachment 3.1B, Addendum page 4f
- Attachment 4.19-B, page 1(a)i(E)
- Attachment 4.19-B, page 1(a)i(F)
- Attachment 4.19-B, page 1(a)i(G)
- Attachment 4.19-B, page 1(a)i(H)
- Attachment 4.19-B, page 1(a)i(I)
- Attachment 4.19-B, page 1(a)ii
- Attachment 4.19-B, page 1(a)iii
- Attachment 4.19-B, page 1(a)iv
- Attachment 4.19B, Page 16
- 66(b)
- 66(c)

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If you have any questions regarding this matter you may contact Marie Montemagno (617) 565-9157 or by e-mail at Marie.Montemagno@cms.hss.gov

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Kate McEvoy, Esq. Interim Director of the Division of Health Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 12-008	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: 01/01/2012	
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)

6. FEDERAL STATUTE/REGULATION CITATION: Sections 1905(a)(5) and (6) of the Social Security Act and 42 CFR 440.50 and 60	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$66,600,000.00 b. FFY 2013 \$99,000,000.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Addendum Page 4f Attachment 3.1-B, Addendum Page 4f Attachment 4.19B, Page 1(a)i(E) Attachment 4.19B, Pages 1(a)i(F) through (I) Attachment 4.19-B, Pages 1(a)ii, iii and iv Attachment 4.19-B, Page 16 66(b) and 66(c)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) (New) (New) Attachment 4.19B, Page 1(a)i(E) (New) Attachment 4.19-B, Pages 1(a)ii, iii and iv Attachment 4.19-B, Page 16 66(b) and 66(c)

10. SUBJECT OF AMENDMENT: The Department of Social Services intends to modify Attachments 3.1-A and 3.1-B and Attachment 4.19B of the Connecticut Medicaid State Plan in order to revise the reimbursement methodology for physicians. The Department is also adding physician assistants as an "other practitioner" service. The Department is also adding reimbursement and payment methodology for practitioners who qualify as Person-Centered Medical Homes. Federal fiscal impact is estimated to be \$66.6 million in FFY 12 and \$99.7 million in FFY 13.

11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		16. RETURN TO: State of Connecticut Department of Social Services - 11 th floor 25 Sigourney Street Hartford, CT 06106-5033 Attention: Ginny Mahoney
12. SIGNATURE OF STATE AGENCY OFFICIAL: /S/		
13. TYPED NAME: Roderick L. Bremby		
14. TITLE: Commissioner		
15. DATE SUBMITTED: March 30, 2012		

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3-30-12	18. DATE APPROVED: 8-19-13
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1-1-12	20. SIGNATURE: /S/
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, DMCHD
23. REMARKS:	

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

1. Physician Assistants.

- i Physician Assistants must be licensed by the Department of Health. A physician assistant is eligible for licensure if the physician assistant: (1) Holds a baccalaureate or higher degree in any field from a regionally accredited institution of higher education; (2) has graduated from an accredited physician assistant program; (3) has passed the certification examination of the national commission; (4) has satisfied the mandatory continuing medical education requirements of the national commission for current certification and has passed any examination or continued competency assessment required by the national commission for maintenance of current certification; and (5) has completed not less than sixty hours of didactic instruction in pharmacology for physician assistant practice approved by the Department of Public Health.
- ii Services are limited to each physician assistant's scope of practice under state law, which includes performing only medical functions properly delegated to the physician assistant by a supervising physician in accordance with state law.
- iii Each physician assistant shall have a supervising physician who provides direct and active supervision in accordance with state law.

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State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

I. Physician Assistants.

- i Physician Assistants must be licensed by the Department of Health. A physician assistant is eligible for licensure if the physician assistant: (1) Holds a baccalaureate or higher degree in any field from a regionally accredited institution of higher education; (2) has graduated from an accredited physician assistant program; (3) has passed the certification examination of the national commission; (4) has satisfied the mandatory continuing medical education requirements of the national commission for current certification and has passed any examination or continued competency assessment required by the national commission for maintenance of current certification; and (5) has completed not less than sixty hours of didactic instruction in pharmacology for physician assistant practice approved by the Department of Public Health.
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- (5) Physician's services – fixed fee schedule not to exceed the Medicare physician fee schedule. Fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors. The current fee schedule was set as of October 1, 2012 and is effective for services provided on or after that date. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.

Person-Centered Medical Home (PCMH) practices are individual sites of independent physician groups, solo physician practices, nurse practitioner groups, and individual nurse practitioners that have met National Committee for Quality Assurance (NCQA) Level 2 or Level 3 medical home recognition. PCMH practices must comply with all NCQA PCMH requirements and all additional written department requirements, including participation in various primary care initiatives operated by the State.

The department offers a PCMH Glide Path program, which pays enhanced rates to practices that are providing some of the additional Medicaid services required for NCQA PCMH recognition. In order to qualify for Glide Path, a practice must demonstrate that it has begun providing a more advanced standard of primary care and has committed to achieving NCQA PCMH recognition in a set period of time. Glide Path practices must also comply with all additional written department requirements, including participation in various primary care initiatives operated by the State.

Beginning January 1, 2012, PCMH and Glide Path practices may be eligible for a rate add-on to the procedure codes on the physician fee schedule identified below. PCMH practices may also be eligible for retrospective annualized supplemental payments for performance incentives and performance improvement. Independent physician-led Glide Path practices with five or fewer full-time equivalent practitioners across all practice locations may also be eligible for a supplemental payment at each Glide Path phase.

- (a) Glide Path and PCMH Rate Add-On: The department will pay a rate add-on for the following procedures in addition to the amounts listed for each procedure code on the physician fee schedule: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99374, 99377, 99379, 99380, 96110, 99050, 99051, 99053, D0145,

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D1206, and 99420. These codes were selected to pay providers for providing a more advanced level of primary care and to encourage more providers to provide primary care to beneficiaries, which will help expand access to primary care physicians' services. For a procedure provided to a beneficiary outside of the practitioner's office in a nursing facility, rest home, or the beneficiary's home, the applicable rate add-on will be paid if the beneficiary is attributed to the practitioner. The base fees vary by practitioner type (physician, nurse practitioner, or physician assistant) according to the percentage of the physician fee schedule that is paid to each practitioner type. The rate add-on is paid at the same time as the underlying claim and is scaled based on the practice's stage of Glide Path or NCQA PCMH recognition:

- i. For Glide Path practices, the total payment for each procedure code listed above, including the rate add-on, is 114% of the amount in the fee schedule.
 - ii. For NCQA Recognition Level 2, the total payment for each procedure code listed above, including the rate add-on, is 120% of the amount in the fee schedule.
 - iii. For NCQA Recognition Level 3, the total payment for each procedure code listed above, including the rate add-on, is 124% of the amount in the fee schedule.
- (b) Supplemental Payments for PCMH Practices: For PCMH practices only, the two types of supplemental payments detailed below will be paid to PCMH practices on a retrospective annualized basis based upon an attribution methodology, where recipients will be attributed to PCMH practices in accordance with the department's current written attribution methodology. The attribution methodology assigns recipients to primary care practitioners based on claims volume analyzed retrospectively every three calendar months. If a recipient receives care from multiple providers during a given period, the recipient is assigned to the practice that provided the plurality of care and if there is no single largest source of care, to the most recent source of care. Recipients may affirmatively select a PCMH practice as their primary care provider. After making a selection, regardless of the sources of care received prior to their selection during the period of claims measured in an attribution cycle, the recipient will be automatically attributed to their selected practice in the next attribution cycle. However, the recipient's selection will be overridden if, after making a selection, the recipient later receives more care from another practice in the same period of claims measured, although attribution is not changed if the recipient receives care from another practitioner within the same practice. Payments will be issued retrospectively in a lump sum on an annualized

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basis during the quarter ending June 30th for services provided in the previous calendar year (the "measurement year"). Payment rates will not vary based on the practitioner type (physician, physician assistant, or nurse practitioner) to whom each recipient is attributed.

- i. Supplemental Payment for Performance Incentives: Independent physician groups, solo physicians, nurse practitioner groups, and individual nurse practitioners that meet all requirements for this supplemental payment will receive a payment totaling a maximum of \$0.60 for each member's enrollment month attributed to the practice. Payments will be issued retrospectively in a lump sum on an annualized basis during the quarter ending June 30th for services provided in the previous calendar year. The payment amount will be based on the practice's performance compared with all other PCMH practices during the measurement year using the quality performance measures described in subsection (5)(c) below. PCMH practices are eligible for this payment only if they participate as a PCMH for the entire measurement year. The tiers of performance are as follows:

Performance Percentile	Level of Supplemental Payment
Under 25 th percentile	No payment
25 th –50 th percentile	25% of possible payment
51 st –75 th percentile	50% of possible payment
76 th –90 th percentile	75% of possible payment
91 st –100 th percentile	100% of possible payment

- ii. Supplemental Payment for Performance Improvement: Independent physician groups, solo physicians, nurse practitioner groups, and individual nurse practitioners that meet all requirements for this supplemental payment will receive a payment totaling a maximum of \$0.68 for each member's enrollment month attributed to the practice. Payments will be issued retrospectively in a lump sum on an annualized basis during the quarter ending June 30th for services provided in the previous calendar year. PCMH practices are eligible for this payment only if they have participated as a PCMH for at least two full calendar years. The payment amount will be based on the practice's performance using the quality performance measures described in subsection (5)(d) below.

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The Department will make tiered payments based on each practice's degree of improvement compared with the previous year. Performance targets and tiers will be set collectively and for each quality performance measure described in subsection (5)(c) below based on the clinical or social significance of each measure and the practice's ability and need to improve in each measure. The tiers will be adjusted each year to account for variation in past performance. Practices performing in the 91st to 100th percentile at both baseline and measurement years will be eligible for this supplemental payment even without any improvement in a given measurement year.

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- (c) Quality Performance Measures for PCMH Program. The department's quality performance measures for the PCMH program were established as of January 1, 2012 and are effective for measurement of provider services and care outcomes on or after that date. The quality performance measures can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. The quality measures are used to measure PCMH practices' performance and their eligibility for certain payments that are described in the relevant section of the plan as being made or determined using these quality measures. These quality measures are based on improving quality, access, and care outcomes.

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- (6) Medical care or any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. Fixed fee methodologies are summarized below. Fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors.
- (a) Podiatrists – Podiatrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.
 - (b) Optometrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2008 and is effective for services provided on or after that date. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.
 - (c) Chiropractors – 100% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule for chiropractors can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.
 - (d) Other practitioners –
 - (i) Psychologists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule for psychologists can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.”

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- (ii) Naturopaths – The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule for naturopaths can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to “Provider,” then to “Provider Fee Schedule Download.” Rates are the same for private and governmental providers and are published at www.ctdssmap.com.
- (iii) Nurse practitioners – 90% of physician fees as referenced in (5) above. The current fee schedule was set as of October 1, 2012 and is effective for services provided on or after that date. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to “Provider,” then to “Provider Fee Schedule Download.” Rates are the same for private and governmental providers and are published at www.ctdssmap.com.

Nurse practitioner groups and individual nurse practitioners are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services. Nurse practitioner services within PCMH practices run by nurse practitioners are authorized by Section 1905(a)(6) (services by other licensed practitioners). Nurse practitioners working in a physician group or a solo physician practice are eligible to participate in the PCMH initiative as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan.

- (iv) Dental Hygienists - 90% of the department’s fees for dentists. The fee schedule for dentists can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of April 1, 2008 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com.

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- (v) Licensed behavioral health practitioners to include licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, and licensed alcohol and drug counselors – not to exceed 75% of the Medicare physician fee schedule. The fee schedule for licensed behavioral health practitioners can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of January 1, 2012 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com.
- (vi) Physician assistants – 100% of the department’s fees for physicians. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of January 1, 2012 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com.

Physician assistants working in a physician group or a solo physician practice are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan in Section (5) above.

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- (21) Pediatric and family nurse practitioners – are paid off of the physician fee schedule at 90% of physician fees. The agency’s physician fee schedule was set as of October 1, 2012 and is effective for services provided on or after that date, except that fees may be deleted or added and priced in order to remain compliant with HIPAA. The physician fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider” then to “Provider Fee Schedule Download”. All governmental and private providers are reimbursed according to the same fee schedule.

Pediatric and family nurse practitioner groups and individual pediatric and family nurse practitioners are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services. Pediatric and family nurse practitioner services within PCMH practices run by pediatric and family nurse practitioners are authorized by Section 1905(a)(21) (services by certified pediatric and family nurse practitioners). Pediatric and family nurse practitioners working in a physician group or a solo physician practice are eligible to participate in the PCMH initiative as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan.

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TN # 12-024

Approval Date 8/19/13

Effective Date 1-1-2012

Revision: January 2012

State/Territory: Connecticut

Citation

4.19

(m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program.1928(c)(2)(C)
(ii) of the Act

(i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.

(ii) The State:

_____ sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

_____ is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

_____ sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

X is a Universal-Select Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine:

\$ 15.05 per immunization.

1926 of the Act

(iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

Continued on next page

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1/1/2012
SupersedesApproval Date 8/19/13

Effective Date:

TN # 94-020

66(c)

Revision: January 2012

State/Territory: Connecticut

Vaccines for Children Assurances

Connecticut's methodology for satisfying the assurances requirement will include, but may not be limited to, the following:

1. Connecticut is a universal select purchase state as defined by CMS.

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TN # 94-020

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