

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



CENTERS for MEDICARE & MEDICAID SERVICES

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

May 29, 2013

Roderick 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. 13-001, submitted to my office on March 28, 2013.

This SPA proposes to modify the Connecticut State Plan attachment 4.19B as required by Section 1202 of the Affordable Care Act, codified at 42 U.S.C § 1396a(a)(13)(C), 1396a(jj), and 1396d(dd), this amendment proposes to: (1) amend the fees for selected services provided by certain primary care physicians to match 100% of Medicare rates for calendar years 2013 and 2014 and (2) amend the fees for vaccine administration under the Vaccines for Children Program to match 100% of Medicare rates for calendar years 2013 and 2014.

This SPA has been approved effective January 1st, 2013, as requested by the State.

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

- Attachment 4.19-B, Pages 1(a)i(J)

As we are working in partnership to implement this important provision, we would greatly appreciate if you can inform us when your state begins to pay the increased rates to your providers. Additionally, to the extent you have information regarding the number of providers receiving the enhanced payments, we would appreciate that information as well.

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

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
13-001

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:
January 1, 2013

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

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:
42 U.S.C. §§ 1396a(a)(13)(C), 1396a(jj), 1396d(a)(5), and
1396d(dd). 42 CFR 440.50 and 42 CFR 447 Subpart G

7. FEDERAL BUDGET IMPACT:
a. FFY 2013 \$59,000,000 (costs)
b. FFY 2014 \$82,000,000 (costs)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19B Page 1(a)i(J)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
New

10. SUBJECT OF AMENDMENT: The Department of Social Services proposes to amend Attachment 4.19B of its Medicaid State Plan effective January 1, 2013. As required by section 1202 of the Affordable Care Act, codified at 42 U.S.C. §§ 1396a(a)(13)(C), 1396a(jj), and 1396d(dd), this amendment proposes to (1) amend the fees for selected services provided by certain primary care physicians to match 100% of Medicare rates for calendar years 2013 and 2014 and (2) amend the fees for vaccine administration under the Vaccines for Children Program to match 100% of Medicare rates for calendar years 2013 and 2014. This change is expected to result in estimated federal costs of \$59,000,000 in FFY 2013 and \$82,000,000 in FFY 2014.

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:

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:
March 28, 2013

16. RETURN TO:

State of Connecticut
Department of Social Services - 11th floor
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 28, 2013

18. DATE APPROVED: May 29, 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2013

20. SIGNATURE OF REGIONAL ADMINISTRATOR:

21. TYPED NAME:
Richard R. McGreal

22. TITLE: Associate Regional Administrator

23. REMARKS:

Division of Medicaid & Children's Health Operations
Boston, Massachusetts

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

(d) Payments for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration Under the Vaccines for Children Program

Physician's Services – Amount of Minimum Payment – Increased Primary Care Service Payment (42 C.F.R. §§ 447.405, 447.410, 447.415)

The state reimburses for services provided by physicians meeting the requirements of 42 C.F.R. § 447.400(a) at the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar years 2013 and 2014 or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor. The state uses the Medicare Physician Fee Schedule - January 2013 Revised Release (Mercer model) in conjunction with the 2009 conversion factor to develop the increased payment rates for calendar year 2013. The state will use comparable Medicare data to develop the increased payment rates for calendar year 2014. The state will not adjust the fee schedule to account for any changes in Medicare rates throughout the year. If there is no applicable rate established by Medicare, the state uses the rate specified in a fee schedule established and announced by CMS.

- ☐ The rates reflect all Medicare site of service and locality adjustments.
- ☒ The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting. Connecticut has only one Medicare GPCI.
- ☐ The rates reflect all Medicare geographic/locality adjustments.
- ☐ The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code: _____

Method of Payment

- ☒ The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.

TN # 13-001
Supersedes
TN # New

Approval Date 5-29-13

Effective Date 01-01-2013

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

☐ The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 C.F.R. § 447.405.

Supplemental payment is made: ☐ monthly ☐ quarterly ☐ semi-annually ☐ annually

Primary Care Services Affected by this Payment Methodology

☒ This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499 (except for those noted immediately below).

☒ The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes): 99224, 99225, 99226, 99288, 99340, 99358, 99359, 99360, 99366, 99367, 99368, 99375, 99378, 99429, 99441, 99442, 99443, 99444, 99485, 99486, 99487, 99488, 99489, 99495, 99496 and 99499.

☒ The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added): CPT code 99420 was added to the physician fee schedule effective January 1, 2012. CPT code 90460 was added to the physician fee schedule effective January 1, 2011 (see also below).

Physician Services – Vaccine Administration

For calendar years (CYs) 2013 and 2014, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 C.F.R. § 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor.

☐ Medicare Physician Fee Schedule rate

☒ State regional maximum administration fee set by the Vaccines for Children program

☐ Rate using the CY 2009 conversion factor

TN # 13-001
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

Documentation of Vaccine Administration Rates in Effect 7/1/09

The state uses one of the following methodologies to impute the payment rate in effect at 7/1/09 for code 90460, which was introduced in 2011 as a successor billing code for billing codes 90465 and 90471.

☒ The imputed rate in effect at 7/1/09 for code 90460 equals the rate in effect at 7/1/09 for billing codes 90465 and 90471 times their respective claims volume for a 12 month period which encompasses July 1, 2009. Using this methodology, the imputed rate in effect for code 90460 at 7/1/09 is: \$12.52.

☐ A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code. This 2009 rate is: _____.

☐ Alternative methodology to calculate the vaccine administration rate in effect 7/1/09: _____

Effective Date of Payment

E & M Physicians' Services: This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014 but not prior to December 31, 2014. All rates are published at 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. After December 31, 2014, the applicable rates are those specified under the physician fee schedule as referenced and described above in the first paragraph of the Physicians' Services section (5) of Attachment 4.19-B.

Vaccine Administration: This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014 but not prior to December 31, 2014. All rates are published at 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. After December 31, 2014, the applicable rates are those specified under the physician fee schedule as referenced and described above in the first paragraph of the Physicians' Services section (5) of Attachment 4.19-B.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 48 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-18

TN # 13-001
Supersedes
TN # New

Approval Date 5-29-13

Effective Date 01-01-2013