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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

May 8, 2017

Roderick Bremby, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Commissioner Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 15-001, submitted to my office on March 27, 2015 and approved on May 1, 2017. This SPA amends Attachment 4.19-B to incorporate the 2015 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes), with pricing, to the following fee schedules: Physician, Psychologist, Independent Radiology, and Behavioral Health Clinician. These changes are necessary to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). This SPA also establishes fixed rates for several surgical, physician radiology and office and outpatient services, which were not previously priced by Medicare and as a result, were previously manually priced by the Department. SPA 15-001 also aligns the Medicaid program more closely with Medicare by mirroring Medicare's methodology for reimbursing practitioners based on the facility type code/ place of service (FTC/ POS) in which the service is rendered for seventeen codes where this change was not already made in pending SPA 14-031. This change ensures that Connecticut does not reimburse for the overhead and similar charges incurred by the facility both through the professional fee and also through the separate fees paid directly to the facility for the technical/facility component of the services.

This SPA has been approved effective January 1, 2015, as requested by the State.

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

- Attachment 4.19-B, Page l(a)i(E)
- Attachment 4.19-B, Page l(a)ii
- Addendum Page 11 to Attachment 4.19-B, Page 1

Page 2 – Roderick L. Bremby, Commissioner

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

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Kate McEvoy, Director of Medical Administration - Health Services and Supports

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES1. TRANSMITTAL NUMBER:
15-001

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)4. PROPOSED EFFECTIVE DATE:
January 1, 2015

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:
Sections 1905(a)(3), (5), (6), of the Social Security
Act and 42 CFR 440.30, 50, 607. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$43,000 (savings)
b. FFY 2016 \$58,000 (savings)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 1(a)i(E)
Attachment 4.19-B, Page 1(a)ii
Addendum Page 11 to Attachment 4.19-B, Page 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)Attachment 4.19-B, Page 1(a)i(E)
Attachment 4.19-B, Page 1(a)ii
Addendum Page 11 to Attachment 4.19-B, Page
1

10. SUBJECT OF AMENDMENT: Effective January 1, 2015, this SPA amends Attachment 4.19-B to incorporate the 2015 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes), with pricing, to the following fee schedules: Physician, Psychologist, Independent Radiology, and Behavioral Health Clinician. These changes are necessary to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). This SPA also establishes fixed rates for several surgical, physician radiology and office and outpatient services, which were not previously priced by Medicare and as a result, were previously manually priced by the Department. SPA 15-001 also aligns the Medicaid program more closely with Medicare by mirroring Medicare's methodology for reimbursing practitioners based on the facility type code / place of service (FTC / POS) in which the service is rendered for seventeen codes where this change was not already made in pending SPA 14-031. This change ensures that Connecticut does not reimburse for the overhead and similar charges incurred by the facility both through the professional fee and also through the separate fees paid directly to the facility for the technical/facility component of the services.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/S/

16. RETURN TO:

13. TYPED NAME: Roderick L. Bremby

State of Connecticut
Department of Social Services
55 Farmington Avenue – 9th floor
Hartford, CT 06105
Attention: Ginny Mahoney

14. TITLE: Commissioner

15. DATE SUBMITTED:

March 27, 2015

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 27, 2015

18. DATE APPROVED: May 1, 2017

PLAN APPROVED – ONE COPY ATTACHED19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Operations

23. REMARKS: State requested pen and ink change to reflect most current submission in box 6, 8 and 9 on April 20, 2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: CONNECTICUT

(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 January 1, 2015¹ 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,

TN # 15-001

Approval Date 05/01/2017 _____

Effective Date 01-01-2015

Supersedes

TN # 14-012

¹ **EXPLANATORY FOOTNOTE:** This SPA does not affect the previous out-of-order approval of SPAs 14-031, 14-037, and 14-039, each of which remains in effect from its effective date until substantively modified by a SPA with the same or later effective date. The effective date and superseded SPA are listed here in order to be consistent with the language and effective date for SPA 15-001. See the letter dated July 13, 2016 in the SPA record for SPA 11-017 for additional details.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Connecticut

- (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.
- (a) Podiatrists – Podiatrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2015 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, 2015 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. Chiropractor services are paid only as EPSDT Special Services required by Section 1905(r)(5) of the Social Security Act.
 - (d) Other licensed practitioners –
 - (a) Psychologists – The current fee schedule was set as of January 1, 2015 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.” All governmental and private providers are reimbursed according to the same fee schedule.

TN # 15-001
Supersedes
TN # 14-012

Approval Date

05/01/2017

Effective Date 01-01-2015

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Connecticut**

- (3) Other Laboratory and X-ray Services –The fee schedules and any adjustments to the fee schedules are published in www.ctdssmap.com. Fees are effective as of the date noted below, except that fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors. Laboratory and X-ray service fees are the same for both governmental and private providers.
- Laboratory Services were set as of November 1, 2013. The Department reviews Medicare rate changes annually. Any Medicaid fee that exceeds the applicable Medicare fee is reduced to 90% of the Medicare fee or the Medicare floor whichever is higher.
 - X-ray services provided by independent radiology centers were set as of January 1, 2015. Select the “Independent Radiology” fee schedule, which displays global fees, including both the technical and professional components of each fee.

TN # 15-001
Supersedes
TN # 13-036

Approval Date 05/01/2017 Effective Date 01-01-2015