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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

September 25, 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. 15-047, submitted to my office on September 28, 2015 and approved on August 30, 2017. This SPA amends Attachment 4.19-B of the Medicaid State Plan in order to revise the reimbursement of the professional and technical components for select physician pathology, medicine, and surgical services. This SPA streamlines the reimbursement methodology for physician services by eliminating the old legacy reimbursement where the professional and technical components were each reimbursed at 50% of the calculated global rate. With this approval, the Department is able to establish a consistent pricing methodology for physician services, but to also establish a pricing methodology consistent with Medicare where: (1) for a given service that includes a professional and technical component, the fee that is set for the professional component added together with the fee for the technical component equals the global fee and (2) the fee set for each component takes into account the relative value units for each portion of the service. Consistent with most physician reimbursement, the revised methodology reimburses the professional and technical components each at 57.5% of the respective 2007 Medicare rate for the component of the service.

This SPA has been approved effective September 7, 2015, as requested by the State.

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

- Attachment 4.19B Page I (a)i(E)
- Attachment 4.19B Page I(a)ii

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

Page 2 – Roderick Bremby, Commissioner

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:
15-047

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)4. PROPOSED EFFECTIVE DATE:
September 7, 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:
Social Security Act Sections 1905(a)(5) and (6) and 42
CFR 440.50, 440.607. FEDERAL BUDGET IMPACT:
a. FFY 2016 \$3.0 million (savings)
b. FFY 2017 \$3.1 million (savings)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B Page 1 (a)i(E)
Attachment 4.19B Page 1(a)ii9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
Attachment 4.19B Page 1(a)i(E)
Attachment 4.19B Page 1(a)ii

10. SUBJECT OF AMENDMENT: Effective September 7, 2015, SPA 15-047 amends Attachment 4.19-B of the Medicaid State Plan in order to revise the reimbursement of the professional and technical components for select physician pathology, medicine, and surgical services. This SPA streamlines the reimbursement methodology for physician services by eliminating the old legacy reimbursement where the professional and technical components were each reimbursed at 50% of the calculated global rate. The Department is implementing this change not only to establish a consistent pricing methodology for physician services, but to also establish a pricing methodology consistent with Medicare where: (1) for a given service that includes a professional and technical component, the fee that is set for the professional component added together with the fee for the technical component equals the global fee and (2) the fee set for each component takes into account the relative value units for each portion of the service. Consistent with most physician reimbursement, the revised methodology reimburses the professional and technical components each at 57.5% of the respective 2007 Medicare rate for the component of the service.

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:
September 28, 2015**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 28 2015

18. DATE APPROVED:

PLAN APPROVED -- ONE COPY ATTACHED19. EFFECTIVE DATE OF APPROVED MATERIAL:
September 7, 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: Pen and ink change approved by the State to box 6,8&9

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 September 7, 2015 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 # 15-047

Approval Date 8/30/17

Effective Date 09-07-2015

Supersedes

TN # 15-044

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 September 7, 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 September 7, 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.