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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**

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November 20, 2017

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

Dear Commissioner Bremby:

Enclosed is a copy of approved Connecticut State Plan Amendment (SPA) No. 17-0027, with an effective date of August 11, 2017. This amendment was submitted to reduce primary care provider incentive payments of the amount initially authorized by Section 1202 of the Affordable Care Act, and implemented in 42 CFR 447 Subpart G, by ten percent.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

Because the proposed SPA would reduce or restructure provider payment rates, Connecticut was required to demonstrate that the payments are consistent with efficiency, economy and quality of care and sufficient to enlist enough providers so that services under the plan are available to beneficiaries at least to the extent that these services are available to the general population, as established in Section 1902(a)(30)(A) of the Social Security Act and codified in 42 CFR 447.203 and 42 CFR 447.204. Connecticut demonstrated compliance with 42 CFR 447.203(b)(6) by completing an access review and analysis for the impacted services and establishing procedures to monitor continued access to care following implementation of the rate reductions or restructuring. Connecticut also met the requirements of 447.203 (b)(1) through 447.203(b)(6) and 447.204(a)(1) providing the initial Access Monitoring Review Plan (AMRP) with the submission of the SPA, which included primary care services as required by the rule, and by including data and analysis related specifically to this reduction in payment rates, to be monitored for a three year period. Additionally, the state was required to adhere to the public process requirements set forth in 42 CFR 447.204, which was demonstrated. If access deficiencies are identified, the state will submit a corrective action plan within 90 days of identification.

Based on CMS's review of this information, the state has satisfactorily documented access to care consistent with the requirements of §447.203 and conducted the public process and notice

described in §§447.204 and 447.205. CMS will be periodically contacting the state to understand how the state's monitoring activities are progressing.

This letter affirms that the Connecticut Medicaid state plan amendment 17-0027 is approved effective August 11, 2017 as requested by the state.

We are enclosing the HCFA-179 and the following amended plan pages.

- Attachment 4.19B, Page 1(a)i(J)
- Attachment 4.19B, Page 1(a)i(L)

If you have any questions regarding this matter you may contact Marie DiMartino at 617-565-9157 or by email at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov)

Sincerely,

/s/

Richard McGreal  
Associate Regional Administrator

Enclosure

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



**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**1. TRANSMITTAL NUMBER:  
17-0027

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 SERVICES4. PROPOSED EFFECTIVE DATE:  
August 11, 2017

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)(5) and (6) of the Social Security Act and  
42 CFR 440.50 and 607. FEDERAL BUDGET IMPACT:  
a. FFY 2017 (\$587,000) (savings)  
b. FFY 2018 (\$10.7 million) (savings)8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-B, Page 1(a)i(J) and (L)9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (If applicable)  
Attachment 4.19-B, Page 1(a)i(J) and (L)

10. SUBJECT OF AMENDMENT: Effective August 11, 2017, this SPA amends Attachment 4.19-B of the Medicaid State Plan to reimburse at 90% of the calculated 2014 Medicare physician fee schedule (using facility and non-facility rates, as applicable) for specified primary care services and vaccine administration provided under the Vaccines for Children program. These payments apply to specific primary care services described in the Medicaid State Plan. This SPA does make any changes to the underlying physician fee schedule.

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:

/S/

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:  
September 29, 2017

16. RETURN TO:

State of Connecticut  
Department of Social Services  
55 Farmington Avenue – 9th floor  
Hartford, CT 06105  
Attention: Ginny Mahoney**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 29 2017

18. DATE APPROVED: November 16, 2017

**PLAN APPROVED – ONE COPY ATTACHED**19. EFFECTIVE DATE OF APPROVED MATERIAL:  
August 11 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME:  
Richard R. McGreal22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

23. REMARKS:

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

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**(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**

The state reimburses for services provided by physicians meeting the provisions set forth in 42 C.F.R. § 447.400(a) and nurse practitioners who practice primary care and whose Medicaid billed codes for the prior calendar year (or if a newly enrolled provider, the prior calendar month) are comprised of at least 60% of the codes eligible for increased payment under this section and also physician assistants and certified nurse midwives who maintain valid attestations that their services are rendered under the personal supervision of an eligible physician who also maintains a valid attestation at 90% of the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar year 2014 using the calendar year 2009 Medicare physician fee schedule conversion factor. 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 # 17-0027  
Supersedes  
TN # 15-035

Approval Date 11/16/2017 Effective Date 08-11-2017



## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

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**Effective Date of Payment**

**E & M Physicians' and Nurse Practitioner's Services:** This reimbursement methodology applies to services delivered on and after August 11, 2017. All rates are published at the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://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.

**Vaccine Administration:** This reimbursement methodology applies to services delivered on and after August 11, 2017. All rates are published at the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://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.

## 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 # 17-0027  
Supersedes  
TN # 15-035

Approval Date 11/16/2017 Effective Date 08-11-2017