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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

February 11, 2019

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

Dear Commissioner Bremby:

We are pleased to enclose via email a copy of approved Connecticut State Plan Amendment (SPA) No. 18-008, submitted to my office on March 27, 2018 and approved on January 9, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to revise the Dialysis Clinic, Family Planning Clinic, Medical Clinic, and Rehabilitation Clinic fee schedules. These revisions incorporate the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. Additional reimbursement changes for each clinic fee schedule

This SPA's approval is effective January 1, 2018, as requested by the State.

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

- Attachment 4.19B, Page 1(b)i, 1(b)ii, 1(c), 1(c)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

Sincerely, /S/

Richard R. McGreal
Associate Regional Administrator

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES1. TRANSMITTAL NUMBER:
18-0008

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)4. PROPOSED EFFECTIVE DATE:
January 1, 2018

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)(9) of the Social Security Act and
42 CFR 440.907. FEDERAL BUDGET IMPACT:
a. FFY 2018 \$32,000
b. FFY 2019 \$49,0008. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, Pages 1(b)i, 1(b)ii, 1(c), 1(c)vii9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
Attachment 4.19-B, Pages 1(b)i, 1(b)ii, 1(c), 1(c)vii

10. SUBJECT OF AMENDMENT: Effective January 1, 2018, this SPA amends Attachment 4.19-B of the Medicaid State Plan to revise the Dialysis Clinic, Family Planning Clinic, Medical Clinic, and Rehabilitation Clinic fee schedules. These revisions incorporate the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. Additional reimbursement changes for each clinic fee schedule are described in the cover letter to this SPA submission.

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:
March 27, 2018

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: March 27, 2018

18. DATE APPROVED: January 9, 2019

PLAN APPROVED – ONE COPY ATTACHED19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 201820. 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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (b) Dialysis Clinics: The current fee schedule was set as of January 1, 2018 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (c) Family Planning Clinics: The current fee schedule was set as of January 1, 2018 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 18-0008
Supersedes
TN # 17-0009

Approval Date 1/9/19_____ Effective Date 01-01-2018

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (d) Medical Clinics: The current fee schedule was set as of January 1, 2018 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com. Rates are the same for private and governmental providers.

TN # 18-0008

Supersedes

TN # 17-0004

Approval Date 1/9/19_____

Effective Date 01-01-2018

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

(f) Rehabilitation Clinics:

The current fee schedule was set as of January 1, 2018 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 18-0008
Supersedes
TN # 17-0004

Approval Date 1/9/19

Effective Date 01-01-2018