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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 21-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

May 24, 2021

Kathleen M. Brennan, Deputy Commissioner
Department of Social Services
Office of the Deputy Commissioner
55 Farmington Avenue
Hartford, CT 06105-3730

RE: Connecticut State Plan Amendment (SPA) Transmittal Number 21-0005

Dear Deputy Commissioner Brennan:

We have reviewed the proposed Connecticut State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 30, 2021. This plan amendment incorporated various 2021 Healthcare Common Procedure Coding System (HCPCS) updates, updated the reimbursement methodology to 100% of the January 2021 Medicare Average Sales Price (ASP) Drug Pricing file for physician-administered drugs, immune globulins, vaccines and toxoids and made technical updates to the Person-Centered Medical Home (PCMH) program.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact James Moreth at 206-615-2043 or James.Moreth@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</p> <p>TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>1. TRANSMITTAL NUMBER: 21-0005</p> <p>2. STATE: CT</p>
<p>5. TYPE OF STATE PLAN MATERIAL (Check One):</p> <p><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT</p>	<p>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</p> <p>4. PROPOSED EFFECTIVE DATE: January 1, 2021</p>

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

<p>6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(5) of the Social Security Act and 42 CFR 440.50</p>	<p>7. FEDERAL BUDGET IMPACT:</p> <p>a. FFY 2021 \$277,000 b. FFY 2022 \$427,000</p>
<p>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 1(a)i(E)</p>	<p>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19-B, Page 1(a)i(E)</p>

10. SUBJECT OF AMENDMENT: Effective January 1, 2021, this SPA amends Attachment 4.19-B of the Medicaid State Plan by incorporating various 2021 Healthcare Common Procedure Coding System (HCPCS) updates (additions, deletions and description changes) to the Physician Office and Outpatient, Physician-Radiology, Physician-Radiology, and Physician-Surgery fee schedules. Second, this SPA updates the reimbursement methodology to 100% of the January 2021 Medicare Average Sales Price (ASP) Drug Pricing file. Finally, this SPA makes the following technical update to the Person-Centered Medical Home (PCMH) program. As part of the federal HCPCS update, the definitions of two codes previously eligible for the PCMH fee-for-service add-on payment were revised so that they can no longer be able to be billed in the context of evaluation and management (E&M) services (Current Procedural Terminology [CPT] codes 99354 and 99355). This SPA removes those codes from the list of codes eligible for the PCMH fee-for-service add-on and replaces them with CPT code 99417, which is priced in a manner that is designed to be cost-neutral to the prior level for CPT codes 99354 and 99355.

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

<p>12. SIGNATURE OF STATE AGENCY OFFICIAL: </p>	<p>16. RETURN TO:</p> <p>State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney</p>
<p>13. TYPED NAME: Deidre S. Gifford, MD, MPH</p>	
<p>14. TITLE: Commissioner</p>	
<p>15. DATE SUBMITTED: March 30, 2021</p>	

FOR REGIONAL OFFICE USE ONLY

<p>17. DATE RECEIVED: March 30, 2021</p>	<p>18. DATE APPROVED: May 24, 2021</p>
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PLAN APPROVED – ONE COPY ATTACHED

<p>19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2021</p>	<p>20. SIGNATURE OF REGIONAL OFFICIAL: </p>
<p>21. TYPED NAME: Todd McMillion</p>	<p>22. TITLE: Director, Division of Reimbursement Review</p>

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

(5) Physician's services – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physician's services. The agency's fee schedule rates were set as of January 1, 2021 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable 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 or NCQA medical home recognition under the 2017 or later NCQA standards (which do not recognize specific levels of 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, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99417, 99374, 99377, 99379, 99380, 96110, 99050, 99051, 99053, D0145,

TN # 21-0005Approval Date 05/24/21Effective Date 01/01/2021

Supersedes

TN # 20-0025