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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 21-0013

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
Financial Management Group

June 14, 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 21-0013

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 updated the physician office and outpatient fee schedule to increase rates for the Long-Acting Reversible Contraceptive (LARC) devices.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 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

Todd McMillion
Director
Division of Reimbursement Review

Enclosures
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 21-0013
2. STATE: CT
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
4. PROPOSED EFFECTIVE DATE: March 1, 2021
5. TYPE OF STATE PLAN MATERIAL (Check One):
   ___ NEW STATE PLAN   ___AMENDMENT TO BE CONSIDERED AS NEW PLAN   X AMENDMENT

6. FEDERAL STATUTE/REGULATION CITATION: Sections 1905(a)(5) of the Social Security Act and 42 CFR 440.50
7. FEDERAL BUDGET IMPACT:
   a. FFY 2021 $103,000
   b. FFY 2022 $210,000

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable):
   Attachment 4.19-B, Page 1(a)(E)

10. SUBJECT OF AMENDMENT: This SPA amends Attachment 4.19-B of the Medicaid State Plan to update the physician office and outpatient fee schedule to increase rates for the Long-Acting Reversible Contraceptive (LARC) devices specified in the cover letter, which applies to providers who bill for these LARC devices under the physician office and outpatient fee schedule. This change is necessary to properly reimburse providers for the increased acquisition cost of these devices and ensure continued access to the devices.

11. GOVERNOR’S REVIEW (Check One):
   X GOVERNOR’S OFFICE REPORTED NO COMMENT
   ___COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
   ___NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Deidre S. Gifford, MD, MPH
14. TITLE: Commissioner
15. DATE SUBMITTED: March 30, 2021

FOR REGIONAL OFFICE USE ONLY

16. RETURN TO: State of Connecticut
17. DATE RECEIVED: March 30, 2021
18. DATE APPROVED: June 14, 2021
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2021
20. SIGNATURE OF REGIONAL OFFICIAL: Todd McMillion
21. TYPED NAME: Todd McMillion
22. TITLE: Director, Division of Reimbursement Review
23. REMARKS:

FORM CMS-179 (07-92)
(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 March 1, 2021 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: https://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,