

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 18-X: Updates to CPAP and BiPAP Supplies

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

Changes to Medicaid State Plan

Effective on or after August 1, 2018, the Department of Social Services will begin allowing reimbursement of supplies used with Continuous Positive Airway Pressure (CPAP) and, Bi-Level Positive Airway Pressure (BiPAP) respiratory assist devices during the rental period of CPAP and BiPAP devices.

In order to enable that change, effective on or after August 1, 2018, SPA 18-X will amend Attachment 4.19-B of the Medicaid State Plan in order to reduce the reimbursement of the following supply codes used with CPAP and BiPAP devices:

Code	Description	New Fee
A4604	Tubing with integrated heating element for use with PAP device	\$39.97
A7027	Combination oral/nasal mask used with CPAP device	\$109.72
A7028	Oral cushion for combination oral/nasal mask, replacement only	\$32.05
A7029	Nasal pillows for combination oral/nasal mask, replacement only	\$15.00
A7030	Full face mask used with PAP device	\$88.49
A7031	Face mask interface, replacement for full face mask	\$33.36
A7032	Cushion for use on nasal mask interface, replacement only	\$18.61

A7033	Pillow for use on nasal cannula type interface, replacement only	\$15.35
A7034	Nasal interface used with PAP device	\$54.27
A7035	Headgear used with PAP device	\$18.56
A7036	Chinstrap used with PAP device	\$10.31
A7037	Tubing used with PAP device	\$11.61
A7038	Filter, disposable, used with PAP device	\$2.00
A7039	Filter, non-disposable used with PAP device	\$5.97
A7044	Oral interface used with PAP device	\$77.78
A7045	Exhalation port used with accessories for PAP device, replacement only	\$12.93
A7046	Water chamber for humidifier, used with PAP device, replacement only	\$12.31
E0561	Humidifier non-heated used with PAP device	\$68.30
E0562	Humidifier heated used with PAP device	\$132.83

Fees were developed using the lowest of the following:

- Current Medicaid rate, or;
- Medicare Fee Schedule rate, or;
- Average of the three Medicare Competitive Bidding Program rates for Connecticut.

For all procedure codes, the lowest rate was the average of the three Medicare Competitive Bidding Program rates. This rate change reflects a substantial reduction to these procedure codes.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

Fiscal Information

Based on available information and due to the variance in CPAP and BiPAP supplies that members may require during the rental period of the CPAP and BiPAP devices, the fiscal impact is unquantifiable. However, DSS estimates that the reduction in rates to the CPAP and BiPAP

supplies will result in a substantial reduction of annual aggregate expenditures in both State Fiscal Year (SFY) 2019 and SFY 2020.

Compliance with Federal Access Regulations

In accordance with federal regulations at 42 C.F.R. §§ 447.203 and 447.204, DSS is required to ensure that there is sufficient access to Medicaid services, including services where payment rates are proposed to be reduced. Those federal regulations also require DSS to have ongoing mechanisms for Medicaid members, providers, other stakeholders, and the public to provide DSS with feedback about access. In addition to other available procedures, anyone may send DSS comments about the potential impact of this SPA on access to medical equipment devices and supplies for which rates are being reduced or payment is being restructured in a manner that could affect access, as part of the public comment process for this SPA. Contact information and the deadline for submitting public comments are listed below.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-X: Updates to CPAP and BiPAP Supplies”.

Anyone may send DSS written comments about this SPA, including comments about access to the services for which this SPA proposes to reduce rates or restructure payments in a manner that could affect access. Written comments must be received by DSS at the above contact information no later than July 11, 2018.

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

Home Health Services –

(a) Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area are provided with limitations.

(b) A face-to-face encounter must be performed by a physician when the initial home health services are ordered for dates of services beginning July 1, 2017 and forward. Home health services are provided to a member on his/her physician's orders as part of a written plan of care that the physician reviews every sixty (60) days.

(c) Home health aide services provided by a home health agency with limitations.

(d) Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility are provided with limitations.

The fee schedule for licensed home health care agencies for service (a), (c), and (d) above 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." Home health service rates were set as of October 1, 2017 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published on the agency's website. The Department may add or delete codes in order to remain compliant with HIPAA. In no case will the fee paid to an agency exceed the agency charge to the general public for similar services.

(e) Medical supplies, equipment and appliances suitable for use in the home – The current fee schedule was set as of April 1, 2018 and is effective for services provided on or after that date, except that codes may be deleted or added in order to remain compliant with HIPAA. 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." Over-the-counter products provided by pharmacies are reimbursed at Average Wholesale Price (AWP). All governmental and private providers are reimbursed according to the same fee schedule.

Private duty nursing services – Not provided.

TN # 18X
Supersedes
TN # 18-0021

Approval Date _____

Effective Date 04/01/2018