

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 21-AM: Medical Equipment Devices and Supplies (MEDS) - HIPAA Compliance Fee Schedule Update for Durable Medical Equipment (DME) and Reimbursement for Non-Sterile Gloves

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 November 1, 2021, SPA 21-AM will amend Attachment 4.19-B of the Medicaid State Plan in order to revise the Durable Medical Equipment (DME) fee schedule as detailed below.

First, this SPA incorporates the CMS 2021 Fourth Quarter Healthcare Common Procedural Coding System (HCPCS) changes (additions, deletions and description changes). DSS is making these changes to ensure that this fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Specifically, the following procedure codes are being added to the MEDS fee schedule:

Added Code	Description
A4453	Rectal catheter for use with manual pump-operated enema system, replacement only
K1021	Exsufflation belt, includes all supplies and accessories
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
S9432	Medical food non-inborn error of metabolism

For any newly added codes for which there are established Medicare fees, the fee will be established at a percentage of the Medicare fee consistent with other similar codes on the DME fee schedule. For codes that do not have an established Medicare fee, these newly added procedure codes will be priced at the lesser of Actual Acquisition Cost (AAC) plus 35% or based on an appropriate published manufacturer's suggested retail price or Medicare Price, if available.

Second, this SPA will remove the end-date that is currently in place on the temporarily increased fee of \$8.00 per box of non-sterile gloves (100 per box). Previously under approved SPA 20-0020, the increased fee of \$8.00 was implemented as a temporary measure in response to increases in costs for non-sterile gloves as a result of the COVID-19 pandemic and is currently set in the approved Medicaid state plan to be in effect until 90 days after the end of the federal public health emergency declaration, as extended. DSS proposes to make this change (*i.e.*, removing the end-date for the \$8.00 increased rate) in order to help ensure continued access to non-sterile gloves.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select "Provider", then select "Provider Fee Schedule Download", then Accept or Decline the Terms and Conditions and then select the applicable fee schedule.

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$53,000 in State Fiscal Year (SFY) 2022 and \$81,000 in SFY 2023.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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. Please reference "SPA 21-AM: Medical Equipment Devices and Supplies (MEDS) - HIPAA Compliance Fee Schedule Update for Durable Medical Equipment (DME) and Reimbursement for Non-Sterile Gloves."

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than November 10, 2021.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

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

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

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of home health services provided by a home health agency listed above in (a), (b), and (c). The agency's fee schedule rates were set as of August 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. In addition to the fee schedule rate, effective for dates of service on or after August 1, 2021, each home health agency provider will be eligible to receive a value-based payment rate add-on of up to 1% of the applicable rate set forth in (a), (b), and (c) above to the extent that the home health agency provider meets specified performance criteria related to health information exchange participation, racial equity training, and additional quality and financial reporting.

(d) Medical supplies, equipment and appliances suitable for use in the home – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medical supplies, equipment and appliances suitable for use in the home. The agency's fee schedule rates were set as of ~~November~~July 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. Over-the-counter products provided by pharmacies are reimbursed at Average Wholesale Price (AWP). ~~The temporary rate increase for non-sterile gloves is effective September 1, 2020 and expires 90 days after the end of the Coronavirus Disease 2019 (COVID-19) federal public health emergency declaration, as extended. After such date, the rate for non-sterile gloves reverts to the rate in effect immediately prior to September 1, 2020.~~

(8) Private duty nursing services – Not provided.

TN # 21-0034

Approval Date _____

Effective Date 11/01/2021

Supersedes

TN # 21-AM