

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 21-V: Rate Increase for Certified Nurse-Midwife and Podiatrist Services; Adding Select Vaccine Codes to the Physician Office & Outpatient and Medical Clinic Fee Schedules; Physician Services HIPAA Compliance Billing Code Quarterly Update

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 July 1, 2021, SPA 21-V will amend Attachment 4.19-B of the Medicaid State Plan to make the following changes.

First, this SPA increases the rates for nurse-midwife and podiatrist services to 100% of the physician fee schedule. Prior to this SPA, the rates were set at 90% of the applicable physician fee schedule rates. The purpose of this change is to comply with section 369 of Senate Bill 1202 of the June special session of the Connecticut General Assembly, as amended, An Act Concerning Provisions Related to Revenue and Other Items to Implement the State Budget for the Biennium Ending June 30, 2023. That bill is anticipated to be signed into law shortly after this notice is submitted for publication in the Connecticut Law Journal. Specifically, that bill provides that the Medicaid rates for nurse-midwife and podiatrist services will be set at the same rate as if they were performed by a physician.

Next, this SPA adds procedure codes for the influenza vaccine, ebolavirus vaccine and the meningococcal conjugate vaccine to the physician office and outpatient fee schedule and the medical clinic fee schedule effective July 1, 2021. The reimbursement rates for these vaccines are calculated on the formula of 100% of the 2021 July Medicare Average Sale Price (ASP) Drug file. The purpose of this change is to ensure that reimbursement is available for these vaccines when applicable.

Finally, this SPA also incorporates various Healthcare Common Procedure Coding System (HCPCS) updates (additions, deletions and description changes) from the most recent federal HCPCS quarterly update issued by CMS to the physician office and outpatient and medical clinic fee schedules. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. The purpose of this change is to ensure that these fee

schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

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 the rate increase for certified nurse-midwives will increase annual aggregate expenditures by approximately \$607,000 in State Fiscal Year (SFY) 2022 and \$624,000 in SFY 2023.

DSS estimates that the rate increase for podiatrists will increase annual aggregate expenditures by approximately \$462,000 in SFY 2022 and \$477,000 in SFY 2023.

DSS does not anticipate that the billing code update component of this SPA will significantly change annual aggregate expenditures.

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 (Phone: 860-424-5067). Please reference “SPA 21-V: Rate Increase for Certified Nurse-Midwife and Podiatrist Services; Adding Select Vaccine Codes to the Physician Office & Outpatient and Medical Clinic Fee Schedules; Physician Services HIPAA Compliance Billing Code Quarterly Update”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than July 14, 2021.

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(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 ~~April~~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: 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,

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- (6) Medical care or any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. Fixed fee methodologies are summarized below.
- (a) Podiatrists – Podiatrists – ~~90~~100% of physician fees as noted in (5) above. The current fee schedule was set as of ~~January 1, 2016~~ July 1, 2021 and is effective for services provided on or after that date. 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.” All governmental and private providers are reimbursed according to the same fee schedule.
 - (2) Optometrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2016 and is effective for services provided on or after that date. 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.” All governmental and private providers are reimbursed according to the same fee schedule.
 - (a) Chiropractors – 100% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule for chiropractors 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.” All governmental and private providers are reimbursed according to the same fee schedule. Chiropractor services are paid only as EPSDT Special Services required by Section 1905(r)(5) of the Social Security Act.
 - (d) Other licensed practitioners –
 - (i) Psychologists – The current fee schedule was set as of January 1, 2020 and is effective for services provided on or after that date. The fee schedule for psychologists 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.” All governmental and private providers are reimbursed according to the same fee schedule.

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- (17) Nurse-mid wife services - are paid -off of the physician fee schedule at ~~90~~100% of physician fees, as referenced in (5) above, ~~except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees.~~
- (18) The Medicaid Hospice rates are set prospectively by CMS based on the methodology used in setting Medicare Hospice rates, which are adjusted to disregard the cost offsets attributable to Medicare coinsurance amounts. Hospice payment rates are also adjusted for regional differences in wages, using indices published in the Federal Register and daily Medicaid hospice payment rates announced through CMS’s memorandum titled “Annual Change in Medicaid Hospice Payment Rates—ACTION”. The hospice 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”. All governmental and private providers are reimbursed according to the same fee schedule. For clients living in a nursing facility, the per diem nursing facility rate will equal 95% of the rate for that nursing home under the Medicaid program.

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(d) Medical Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of medical clinic services. The agency's fee schedule rates were set as of ~~January~~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.

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