**DEPARTMENT OF SOCIAL SERVICES**

**Notice of Proposed Medicaid State Plan Amendment (SPA)**

**SPA 22-E: Clinic Services – HIPAA Compliance Billing Code and Reimbursement Updates**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment 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 January 1, 2022, SPA 22-E will amend Attachment 4.19-B of the Medicaid State Plan to revise various of the clinic fee schedules as detailed below.

First, this SPA updates the Medical Clinic and Ambulatory Surgical Center fee schedules to incorporate the 2022 Healthcare Common Procedural Coding System (HCPCS) changes (additions, deletions and description changes) to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. For newly added codes that are replacing codes that are being deleted, they are being priced in a manner designed to be cost-neutral to the previous overall payment methodology.

Second, this update adds payment for specified drugs on the Family Planning Clinic fee schedule. The drugs are being added to ensure continued access to care. Family planning clinics currently provides other drugs in similar categories and other forms of birth control.

Finally, as required by the existing federally approved methodology for physician-administered drugs set forth in the approved outpatient prescription drugs section of the Medicaid State Plan, this SPA will update the relevant fee schedules to conform to 100% of the January 2022 Medicare Average Sales Price (ASP) Drug Pricing file for physician-administered drugs that are administered in dialysis clinics, behavioral health clinics, and medical clinics. Also in accordance with that approved methodology, for procedure codes that are not priced on the January 2022 Medicare ASP Drug Pricing File and procedure codes that are described as "unclassified", the drug will be priced at the lowest of:

- The usual and customary charge to the public or the actual submitted ingredient cost;
- The National Average Drug Acquisition Cost (NADAC) established by CMS;
- The Affordable Care Act Federal Upper Limit (FUL); or

- Wholesale Acquisition Cost (WAC) plus zero (0) percent when no NADAC is available for the specific drug.

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

**Fiscal Impact**

DSS estimates that the updates to the family planning, medical, ambulatory surgical center clinic fee schedules will not change annual aggregate expenditures in State Fiscal Year (SFY) 2022 and SFY 2023.

As described above, DSS is making updates to specified clinic fee schedules to incorporate the latest required update in physician-administered drug reimbursement in order to remain in compliance with the existing federally approved methodology in the Medicaid State Plan. Accordingly, for SPA purposes, this update is not a change in reimbursement methodology. For informational purposes, DSS does not anticipate that the physician-adminsitered drug updates to the medical clinic and behavioral health clinic fee schedules will change annual aggregate expenditures in SFY 2022 and SFY 2023. DSS estimates the required updates to the physician-administered drug updates to the dialysis clinic fee schedule will decrease annual aggregate expenditures by approximately $186,346 in SFY 2022 and $460,648 for 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 22-E: Clinic Services – HIPAA Compliance Billing Code and Reimbursement Updates".

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 12, 2022.

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

9. Clinic services – Rates for freestanding clinics are set as follows:

(a) Ambulatory Surgical Centers: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of ambulatory surgical center services. The agency's fee schedule rates were set as of January 1, ~~2021~~ 2022 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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(c) Family Planning Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of family planning clinic services. The agency's fee schedule rates were set as of January 1, ~~2021~~ 2022 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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(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 ~~July 1, 2021~~ January 1, 2022 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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**State of Connecticut**

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(e) Behavioral Health Clinics: (e.1) **Private Behavioral Health Clinics.** Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of behavioral health clinic services. The agency's fee schedule rates for private behavioral health clinic services were set as of ~~November 17, 2021~~ January 1, 2022 and are effective for services on or after that date. Fees for services provided to individuals 18 years of age and over will be 95% of the published fee. 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.

Effective January 1, 2012 the Department established a separate fee schedule for private behavioral health clinics that meet special access and quality standards, and such fees are higher than the fees available to clinics that do not meet such special standards. These clinics must accept all (100%) telephonic and walk-in referrals that present during business hours. All referrals must be screened by a trained intake worker or clinician and triaged to determine whether the referral is emergent, urgent or routine. A clinician must evaluate a client who presents at the clinic with an emergent condition within two (2) hours. Clients that undergo telephonic or walk-in screening and are determined to be in urgent need of services must be offered an appointment for an urgent face-to-face clinical evaluation with a clinician to take place within two (2) calendar days of the screening. Clients that undergo telephonic or walk-in screening and are determined to have routine needs must be offered an appointment for a routine face-to-face clinical evaluation with a clinician to take place within 14 calendar days of the screening. These clinics must have at least nine (9) extended hours per week beyond routine business hours of 8:00 AM to 5:00 PM. Providers that are designated Enhanced Care Clinics and have a valid Letter of Agreement with the Department that holds them accountable to the quality standards and access standards receive the enhanced rate for all routine outpatient services provided. The state monitors the access standards on a routine basis and provides access standard reports to the providers on a quarterly basis. The state has established a process for providers to submit corrective action plans (CAPs) if they do not meet the access standards for any reason except in increase in volume in excess of 20% compared to the same quarter of the previous year. All Enhanced Care Clinics must electronically register appointments made with the Administrative Services Organization (ASO).