

## DEPARTMENT OF SOCIAL SERVICES

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

#### **SPA 22-I: Reimbursing Federally Qualified Health Centers (FQHCs) for the Cost of Long-Acting Reversible Contraceptive (LARC) Devices Separately from their Medical Encounter Rate**

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 May 1, 2022, SPA 22-I will amend Attachment 4.19-B of the Medicaid State Plan to reimbursing federally qualified health centers (FQHCs) separately for the cost of long-acting reversible contraceptive (LARC) devices from their medical encounter rate. DSS is proposing this SPA because it is designed to improve access and reduce unnecessary costs by helping to facilitate the prevention of unwanted pregnancies by: (1) removing the costs associated with purchasing LARCs as a barrier to access to LARCs in the FQHC setting and (2) helping to facilitate same-day access to LARCs in the FQHC setting.

Specifically, FQHCs will be reimbursed for the cost of LARCs based on the applicable pricing for the FQHC under section 340B of the Public Health Service Act (340B rate), in addition to the FQHC's medical encounter rate. For informational purposes and context, below is a chart listing each LARC with its current 340B rate for the FQHCs using for each applicable Healthcare Common Procedure Coding System (HCPCS) billing code; note that these rates and codes are subject to change:

<b>HCPCS Code</b>	<b>Description</b>	<b>Current 340B Rate</b>
J7296	Kyleena 19.5 mg	\$249.00
J7297	Liletta 52 mg	\$100.00
J7298	Mirena 52 mg	\$329.00
J7300	Intraut copper contraceptive	\$283.32
J7301	Skyla 13.5 mg	\$490.00
J7307	Etonogestrel implant system	\$399.00

This change in reimbursement methodology for LARC devices provided by FQHCs applies to all HUSKY A, B, C, and D eligibility groups and the Family Planning Limited Benefit program.

## **Fiscal Impact**

DSS estimates that this change will increase annual aggregate Medicaid expenditures by approximately \$5,137 in State Fiscal Year (SFY) 2022 and \$63,494 in SFY 2023.

## **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at the following 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](mailto: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-I: Reimbursing Federally Qualified Health Centers for the Cost of Long-Acting Reversible Contraceptive Devices Separately from their Medical Encounter Rate”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than May 4, 2022.

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

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(11) For services provided on or after May 1, 2022, the cost of long-acting reversible contraceptives (LARCs) will be paid to the FQHC separately from the FQHC's PPS reimbursement. Reimbursement for LARCs will be based on the 340B rate for the LARC.

TN # 21-I  
Supersedes  
TN # NEW

Approval Date \_\_\_\_\_

Effective Date 05/01/2022