

## DEPARTMENT OF SOCIAL SERVICES

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

#### **SPA 22-K: Medical Equipment Devices and Supplies (MEDS) – Reimbursement Increase for FreeStyle Libre Continuous Glucose Monitor (CGM) 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 March 2, 2022, SPA 22-K will amend Attachment 4.19-B of the Medicaid State Plan to implement the following reimbursement methodology changes to procedure code K0553 - (Therapeutic Continuous glucose monitor supply allowance – 1 month supply) when used for supplies needed with the Free Style Libre CGM. Specifically, DSS will pay providers the lesser of the Manufacturer's Suggested Retail Price (MSRP) minus 15% or Actual Acquisition Cost (AAC) plus 25% for the cost of the supplies used with the Free Style Libre CGM system, which is the same methodology paid for supplies for other covered CGM systems. DSS is making this change from the previously established reimbursement methodology for supplies for the Free Style Libre CGM system to ensure HUSKY members have access to these diabetic supplies, which have increased in cost.

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 this reimbursement methodology change will increase annual aggregate expenditures by approximately \$100,000.

#### **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](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-K: Medical Equipment Devices and Supplies (MEDS) - Reimbursement Increase for Free Style Libre Continuous Glucose Monitor (CGM) Supplies." Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than March 16, 2022.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

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**Home Health Services (Continued)**

(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 ~~January~~March 21, 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. Over-the-counter products provided by pharmacies are reimbursed at Average Wholesale Price (AWP). .

TN # 22-K

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

Effective Date 03/02/2022

Supersedes

TN # 21-0007