

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 23-R: Reimbursement of Continuous Glucose Monitors Provided by Pharmacies

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 1, 2023, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to provide for reimbursement of continuous glucose monitoring (CGM) devices (readers, sensors and transmitters) when provided by enrolled pharmacy providers. CGM devices are already covered under the durable medical equipment (DME) benefit, which is not changing and will remain covered when provided by an enrolled DME provider in accordance with applicable requirements and using the same applicable rate that currently is in place, which is also not changing.

The reimbursement for CGM provided by pharmacies will use the same general reimbursement methodology for outpatient prescription drugs under the pharmacy benefit that applies to CGMs. That reimbursement methodology is the device cost specified below plus the professional dispensing fee specified for pharmacies in section 12 of Attachment 4.19-B of the Medicaid State Plan, which is currently \$10.75. Reimbursement for the device cost shall be the lowest of: (i) the usual and customary charge to the public or the pharmacy's actual submitted ingredient cost; (ii) the National Average Drug Acquisition Cost (NADAC) established by CMS; (iii) the Affordable Care Act Federal Upper Limit (FUL); or (iv) Wholesale Acquisition Cost (WAC) plus zero (0) percent when no NADAC is available for a specific drug. For CGMs, there is currently no NADAC pricing, so the reimbursement methodology at this time is wholesale acquisition cost (WAC) plus the current standard dispensing fee under the pharmacy benefit, which is \$10.75.

Fiscal Impact

DSS does not anticipate that this SPA will result in any significant changes to 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. Please reference “SPA 23-R: Reimbursement of Continuous Glucose Monitors Provided by Pharmacies”.

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 15, 2023**.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

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 1, 2023 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). Prescription products and devices provided by pharmacies, including continuous glucose monitoring (CGM) devices are reimbursed at the device cost specified below plus the professional dispensing fee specified for pharmacies in section 12 of Attachment 4.19-B of the Medicaid State Plan, which is currently \$10.75. Reimbursement for the device cost shall be the lowest of: (i) the usual and customary charge to the public or the pharmacy’s actual submitted ingredient cost; (ii) the National Average Drug Acquisition Cost (NADAC) established by CMS; (iii) the Affordable Care Act Federal Upper Limit (FUL); or (iv) Wholesale Acquisition Cost (WAC) plus zero (0) percent when no NADAC is available for a specific drug.

TN # 23-R

Approval Date _____

Effective Date 03/01/2023

Supersedes

TN # 23-0002