

**STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES**

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

**SPA 24-H: Increase to the Rate for Select Long-Acting Reversible Contraceptive and Changes to Select Manually Priced Codes**

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). Public comment information is at the bottom of this document.

**Changes to Medicaid State Plan**

Effective on or after February 1, 2024, SPA 24-H will amend Attachment 4.19-B of the Medicaid State Plan to make the updates to the payment methodologies described below.

First, this SPA updates the rates for applicable long-acting reversible contraceptive (LARC) devices in order to ensure that the rate continues to align with the providers' cost of obtaining the applicable device. Specifically, this SPA updates the reimbursement rate for code J7307 Etonogestrel (contraceptive) implant system including implant and supplies on the physician office and outpatient fee schedule for \$1156.28 and for \$536.16 on the family planning fee schedule.

Lastly, several procedure codes that are currently manually priced listed on the physician office and outpatient fee schedule and physician surgery fee schedule (specifically, codes 22860, 93241, 93243, 93245 and 93247) will be priced at 57.5% of the 2024 Medicare physician fee schedule.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select "Provider", then select "Provider Fee Schedule Download" Accept or Decline the Terms and Conditions and go to the applicable fee schedule.

**Fiscal Impact**

DSS anticipates that the increase to the reimbursement rate for the select LARC, is estimated to a gross cost of \$226,762 in SFY 2024 and \$233,565 in SFY 2025.

It is estimated that the repricing of select manually priced procedure codes listed on the physician-surgery and physician office & outpatient fee schedules will have a gross fiscal impact of (\$4,716) in SFY 2024, (\$14,147) in SFY 2025.

## **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 resource center, 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 24-H: Increase to the Rate for Select Long-Acting Reversible Contraceptive and Changes to Select Manually Priced Codes”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **February 13, 2024**.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

(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 ~~January-February~~ 1, 2024 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.

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,

TN # 24-H

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

Effective Date 02/01/2024

Supersedes

TN # 24-A

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

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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, 2023~~ February 1, 2024 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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