

## **DEPARTMENT OF SOCIAL SERVICES**

### **Notice of Proposed Medicaid State Plan Amendment**

#### **Primary Care Provider Increased Payments (SPA 15-035)**

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.

#### **Changes to the Medicaid State Plan**

Effective on or after July 1, 2015, SPA 15-035 will continue increased payments for specified primary care services and vaccine administration provided under the Vaccines for Children program provided by certain primary care providers under the same conditions as specified in approved SPA 15-006. These increased payments will apply to specific primary care services identified in Provider Bulletin 2014-75 and which can be accessed by going to <http://www.ctdssmap.com>; go to "Information," then to "Publications". This SPA is necessary in order to provide for increased payments for certain primary care provider services because the HUSKY Health Primary Care Increased Payments Policy, as implemented through approved SPA 15-006, applies only to services provided for dates of service from January 1, 2015 through June 30, 2015.

Pursuant to federal regulations at 42 C.F.R. § 447.205, public notice is required at this time. Accordingly, this public notice reflects proposed changes that are currently available based on the state budget (Public Act 15-244) adopted by the General Assembly during the 2015 regular legislative session. However, this SPA is subject to change based on legislative adjustments that may occur in the upcoming special legislative session.

#### **Fiscal Information**

Based on information that is available at this time, it is estimated that this SPA will increase annual aggregate expenditures by approximately \$25 million in Federal Fiscal Year 2016 and \$35 million in Federal Fiscal Year 2017.

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

In accordance with federal Medicaid requirements, upon request, DSS will provide copies of the proposed SPA. Copies of the proposed SPA may also be obtained at any DSS regional office and on the DSS web site: <http://www.ct.gov/dss>. Go to "Publications" and then "Updates."

Written, telephone, and email requests should be sent to: Ginny Mahoney, Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105, Telephone: (860) 424-5145, Email: [ginny.mahoney@ct.gov](mailto:ginny.mahoney@ct.gov). Please reference "SPA 15-035 Continuation of Primary Care Provider Increased Payments". Written comments may be submitted in the same manner as requests no later than July 14, 2015.

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

**State: CONNECTICUT**

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**(d) Payments for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration Under the Vaccines for Children Program**

**Physician's Services – Amount of Minimum Payment – Increased Primary Care Service Payment**

The state reimburses for services provided by physicians meeting the provisions set forth in 42 C.F.R. § 447.400(a) and nurse practitioners who practice primary care and whose Medicaid billed codes for the prior calendar year (or if a newly enrolled provider, the prior calendar month) are comprised of at least 60% of the codes eligible for increased payment under this section and also physician assistants and certified nurse midwives who maintain valid attestations that their services are rendered under the personal supervision of an eligible physician who also maintains a valid attestation at the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar year 2014 using the calendar year 2009 Medicare physician fee schedule conversion factor. The state will not adjust the fee schedule to account for any changes in Medicare rates throughout the year. If there is no applicable rate established by Medicare, the state uses the rate specified in a fee schedule established and announced by CMS.

- The rates reflect all Medicare site of service and locality adjustments.
- The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting. Connecticut has only one Medicare GPCI.
- The rates reflect all Medicare geographic/locality adjustments.
- The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code: \_\_\_\_\_

**Method of Payment**

- The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.

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

State: CONNECTICUT

The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 C.F.R. § 447.405.

Supplemental payment is made:  monthly  quarterly  semi-annually  annually

**Primary Care Services Affected by this Payment Methodology**

This payment applies to the following Evaluation and Management (E&M) billing codes 99201-99215, 99304 – 99310, 99315 – 99316, 99318, 99324 – 99328, 99334 – 99337, 99339, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99406 – 99407, 99408 – 99409, 99411 – 99412.

The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes): 99224, 99225, 99226, 99288, 99340, 99358, 99359, 99360, 99366, 99367, 99368, 99375, 99378, 99429, 99441, 99442, 99443, 99444, 99485, 99486, 99487, 99488, 99489, 99495, 99496 and 99499.

The state will also make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added): CPT code 90460 was added to the physician fee schedule effective January 1, 2011 (see also below).

**Physician Services – Vaccine Administration**

The state reimburses vaccine administration services furnished by physicians meeting the provisions set forth in 42 C.F.R. § 447.400(a) and nurse practitioners who practice primary care and whose Medicaid billed codes for the prior calendar year (or if a newly enrolled provider, the prior calendar month) are comprised of at least 60% of the codes eligible for increased payment under this section and also physician assistants and certified nurse midwives who maintain valid attestations that their services are rendered under the personal supervision of an eligible physician who also maintains a valid attestation at the state regional maximum administration fee set by the Vaccines for Children (VFC) program.

TN # 15-035

Supersedes

TN # 15-006

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

Effective Date 07-01-2015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

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**Effective Date of Payment**

**E & M Physicians' and Nurse Practitioner's Services:** This reimbursement methodology applies to services delivered on and after July 1, 2015 through June 30, 2017. All rates are published at the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to "Provider," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule. After June 30, 2017, the applicable rates are those specified under the physician fee schedule as referenced and described above in the first paragraph of the Physicians' Services section (5) of Attachment 4.19-B.

**Vaccine Administration:** This reimbursement methodology applies to services delivered on and after July 1, 2015 through June 30, 2017. All rates are published at the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to "Provider," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule. After June 30, 2017, the applicable rates are those specified under the physician fee schedule as referenced and described above in the first paragraph of the Physicians' Services section (5) of Attachment 4.19-B.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 48 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-18

TN # 15-035  
Supersedes  
TN # 15-006

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

Effective Date 07-01-2015