

## **Table of Contents**

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 21-0023**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



---

**Financial Management Group**

December 17, 2021

Deidre S. Gifford, MD, MPH, Commissioner  
Department of Social Services  
55 Farmington Avenue, 9<sup>th</sup> Floor  
Hartford, Connecticut 06105

**RE: Connecticut State Plan Amendment (SPA) Transmittal Number 21-0023**

Dear Commissioner Gifford:

We have reviewed the proposed Connecticut State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-21-0023, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30<sup>th</sup>, 2021. This plan amendment allows Connecticut to make the following changes: increase rates for nurse-midwife and podiatrist services to 100% of the applicable physician rates, add select vaccines to the physician office and outpatient and medical clinic fee schedules, incorporate quarterly Healthcare Common Procedure Coding System (HCPCS) updates to the physician office and outpatient and medical clinic fee schedules, and update specified performance measures for the supplemental reimbursement for obstetrical services.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1<sup>st</sup>, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or [jerica.bennett@cms.hhs.gov](mailto:jerica.bennett@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 21-0023	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: July 1, 2021
---	---

5. TYPE OF STATE PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

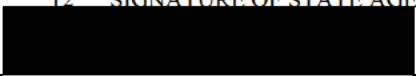
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(5), (6), (9), (17) of the Social Security Act and 42 CFR 440.50, 440.60, 440.90, 440.165	7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$100,000 b. FFY 2022 \$603,000
---	---

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Pages 1(a)i(E), 1(a)i(N), 1(a)ii, 1(c), 2(b)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19-B, Pages 1(a)i(E), 1(a)i(N), 1(a)ii, 1(c), 2(b)
--	--

10. SUBJECT OF AMENDMENT: This SPA amends Attachment 4.19-B of the Medicaid State Plan by: (1) increasing rates for nurse-midwife and podiatrist services to 100% of the applicable physician rates (previously they were 90% of the applicable physician rates); (2) adding select vaccines to the physician office and outpatient and medical clinic fee schedules; (3) incorporating quarterly Healthcare Common Procedure Coding System (HCPCS) updates (additions, deletions and description changes) to the physician office and outpatient and medical clinic fee schedules; and (4) updating specified performance measures for the supplemental reimbursement for obstetrical services.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL


12. SIGNATURE OF STATE AGENCY OFFICIAL: 
13. TYPED NAME: Deidre S. Gifford, MD, MPH
14. TITLE: Commissioner
15. DATE SUBMITTED: September 30, 2021

16. RETURN TO:  State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
---

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 30, 2021	18. DATE APPROVED: December 17, 2021
---------------------------------------	--------------------------------------

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Todd McMillion	22. TITLE: Director, Division of Reimbursement Review

23. REMARKS:

## 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 July 1, 2021 and are effective for services provided on or after that date. All rates are published on 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," 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 # 21-0023Approval Date 12/17/2021Effective Date 07/01/2021

Supersedes

TN # 21-0019

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

---

**e. Supplemental Reimbursement for Obstetrical Services**

- a. Supplemental payments to obstetrical providers shall be paid from a maximum pool of funds of \$1,200,000 per measurement period identified below to obstetrical providers that meet performance measures described below and shall be paid only during each state fiscal year identified below. Performance data will be calculated using paid claims data from Connecticut's Medicaid Management Information System and the online prenatal and postpartum notification forms received from providers without errors. Only episodes of care for which providers use the online obstetric notification forms will be eligible for this supplemental payment.
- b. For the performance measurement period of July 1, 2021 through June 30, 2022 and for each state fiscal year thereafter (July 1 through June 30), participating obstetrical providers shall be awarded a performance measure points based on the following criteria.
  - iv. 5 points: Completion of the prenatal online notification forms within 14 days of the first prenatal visit.
  - v. 30 points: First prenatal visit and risk identification within 14 days of a confirmed pregnancy, where at a minimum all of the following have occurred:
    1. Maternal risk screening, including but not limited to:
      - a. Blood pressure
      - b. Co-morbidity, especially:
        - i. cardiovascular disease
        - ii. diabetes
        - iii. hypertension
        - iv. clotting disorders
    2. Social determinants of health screening.
  - vi. 25 points: Low-dose aspirin prophylaxis for members at high or moderate risk of preeclampsia according to American College of Obstetricians and Gynecologists (ACOG) guidelines. To meet this measure, both of the following must have occurred:
    1. A prescription for low-dose aspirin was given
    2. Low-dose aspirin was prescribed between 12 weeks and 28 weeks of gestation (optimally before 16 weeks) and continued daily until delivery

TN # 21-0023  
Supersedes  
TN # 19-0026

Approval Date 12/17/2021

Effective Date 07-01-2021

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

---

- iv. 25 points: Self-measured blood pressure for members with hypertension in addition to usual perinatal care visits and provider measured blood pressures. To meet this measure, a prescription for a BP monitoring device must be issued.
  - v. 50 points: Full term (39 weeks gestation), vaginal delivery after spontaneous labor.
  - vi. 15 points: At least one postpartum visit within 21-56 days postpartum
  - vii. 5 points: Completion of the postpartum online notification forms within 14 days of the first occurring postpartum visit.
  - viii. 15 points: A comprehensive postpartum visit occurring between 22 and 84 days after delivery that addresses all of the following:
    - 3. Future pregnancy planning
    - 4. Contraceptive options/choices
    - 5. Ongoing medical conditions
    - 6. Behavioral health issues
    - 7. Substance use/misuse
- c. To calculate each obstetrical provider's performance payment, a provider's earned performance measure points during the performance period are summed and divided by the total number of points for all participating obstetrical providers during the performance period. This product calculates a provider's "payout percentage". Each obstetrical provider's performance payment will be the "payout percentage" multiplied by the available supplemental pool. If the participation in this program results in less than 200,000 total performance points among all obstetrical providers participating in this program during a performance measurement period, the maximum dollar value for each performance measure point is five dollars.
- d. In order to account for claims submission delay, payment will be made on or after the day that is six months after the performance measurement period.

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

---

---

- (6) Medical care or any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. Fixed fee methodologies are summarized below.
- (a) Podiatrists – Podiatrists – 100% of physician fees as noted in (5) above. The current fee schedule was set as of July 1, 2021 and is effective for services provided on or after that date. The fee schedule can be accessed and downloaded by going to 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.
  - (2) Optometrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2016 and is effective for services provided on or after that date. The fee schedule can be accessed and downloaded by going to 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.
  - (a) Chiropractors – 100% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule for chiropractors can be accessed and downloaded by going to 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. Chiropractor services are paid only as EPSDT Special Services required by Section 1905(r)(5) of the Social Security Act
  - (d) Other licensed practitioners –
    - (i) Psychologists – The current fee schedule was set as of January 1, 2020 and is effective for services provided on or after that date. The fee schedule for psychologists can be accessed and downloaded by going to 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.

TN # 21-0023  
Supersedes  
TN # 20-0004

Approval Date 12/17/2021

Effective Date 07/01/2021

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

---

---

- (d) Medical Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of medical clinic services. The agency's fee schedule rates were set as of July 1, 2021 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.

TN # 21-0023  
Supersedes  
TN # 21-0007

Approval Date 12/17/2021

Effective Date 07-01-2021



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

---

---

- (17) Nurse-mid wife services - are paid off of the physician fee schedule at 100% of physician fees, as referenced in (5) above.
- (18) The Medicaid Hospice rates are set prospectively by CMS based on the methodology used in setting Medicare Hospice rates, which are adjusted to disregard the cost offsets attributable to Medicare coinsurance amounts. Hospice payment rates are also adjusted for regional differences in wages, using indices published in the Federal Register and daily Medicaid hospice payment rates announced through CMS's memorandum titled "Annual Change in Medicaid Hospice Payment Rates—ACTION". The hospice fee schedule can be accessed and downloaded by going to 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. For clients living in a nursing facility, the per diem nursing facility rate will equal 95% of the rate for that nursing home under the Medicaid program.

TN # 21-0023  
Supersedes  
TN # 14-039

Approval Date 12/17/2021      Effective Date 07/01/2021