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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



**Division of Medicaid and Children's Health Operations / Boston Regional Office**

June 21, 2012

Roderick Bremby, Commissioner  
Department of Social Services  
25 Sigourney Street  
Hartford, Connecticut 06106

Dear Mr. Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 11-018, submitted to my office on September 30, 2011. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan in order to amend its physician, nurse practitioner and nurse-midwife fee schedules. The Department proposed to amend the State Plan as follows: 1) Add an obstetrical fee for delivery after previous cesarean delivery services for specified procedure codes and 2) align the obstetrical reimbursement for all vaginal and cesarean deliveries to 1505 of Medicare. This SPA has been approved effective July 1st, 2011, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 4.19B, Page 1a(i)(E)
- Attachment 4.19B, Page 1a(iii)
- Attachment 4.19B, Page 2(b)

If you have any questions regarding this matter you may contact Marie Montemagno (617) 565-9157 or by e-mail at [Marie.Montemagno@cms.hss.gov](mailto:Marie.Montemagno@cms.hss.gov)

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

cc: Mark Schaefer, Director, Medical Care Administration

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER 11-018	2. STATE CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 07/01/2011	
5. TYPE OF PLAN MATERIAL (Check One)		
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION 1905(a)(5)(a) and (6) of the Social Security Act; 42 CFR 440.50; 42 CFR 440.165; 42 CFR 440.166	7. FEDERAL BUDGET IMPACT a. FFY 2012 _____ \$ 1.25M savings b. FFY 2013 _____ \$ 1.3M savings.	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19B Page 1(a)i(E) Attachment 4.19B Page 1(a)iii Attachment 4.19B Page 2(b)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19B Page 1(a)i(E) Attachment 4.19B Page 1(a)iii	

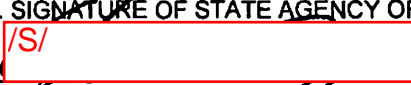
10. SUBJECT OF AMENDMENT  
 The Department of Social Services is proposing to modify Attachment 4.19-B of the Connecticut Medicaid State Plan in order to amend its physician, nurse practitioner and nurse-midwife fee schedules. The Department proposes to amend the State Plan as follows 1) Add an obstetrical fee for delivery after previous cesarean delivery services for specified procedure codes, which will result in additional costs of \$117,000 in FFY12 and \$120,000 in FFY13 and 2) align the obstetrical reimbursement for all vaginal and cesarean deliveries to 150% of Medicare. These change are expected to result in an estimated federal savings of at least \$1.25 million in FFY12 and \$1.3 million in FFY13.

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 	16. RETURN TO State of Connecticut Department of Social Services 25 Sigourney Street Hartford, CT 06106-5033 Attention: Ginny Mahoney
13. TYPED NAME Roderick L. Bremby	
14. TITLE Commissioner	
15. DATE SUBMITTED September 30, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 30, 2011	18. DATE APPROVED June 21, 2012
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Richard R. McGreal	22. TITLE Associate Regional Administrator

Division of Medicaid & Children's Health Operations

\*State approved pen and ink change to box 8 adding Attachment 4.19-B, page 2(b)

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

State Connecticut

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- (5) Physician's services - fixed fee schedule not to exceed the Medicare physician fee schedule. Fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors. The current fee schedule was set as of July 1, 2011 and is effective for services provided on or after that date. The fee schedule for physicians 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 Services" then to "Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.
- (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. Fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors.
- (a) Podiatrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2008 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 Services" then to "Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.

TN # 11-018  
Supersedes  
TN # 11-004

Approval Date 6/21/12 Effective Date 07-01-2011

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

State Connecticut

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- (ii) Naturopaths – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2008 and is effective for services provided on or after that date. The fee schedule for naturopaths 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 Services" then to "Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.
- (iii) Nurse practitioners – 90% of physician fees as noted in (5) above. The current fee schedule was set as of July 1, 2011 and is effective for services provided on or after that date. The fee schedule for physicians 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 Services" then to "Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.
- (iv) Dental Hygienists - 90% of the department's fees for dentists. The fee schedule for dentists 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 Services" then to "Fee Schedule Download." The agency's rates were set as of April 1, 2008 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at [www.ctdssmap.com](http://www.ctdssmap.com).

TN # 11-018  
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TN # 11-004

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

State Connecticut

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- (17) Nurse-mid wife services - are paid off of the physician fee schedule at 90% of physician fees. The agency's physician fee schedule was set as of July 1, 2011 and is effective for services provided on or after that date, except that fees may be deleted or added and priced in order to remain compliant with HIPAA. The physician 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 Services" then to "Fee Schedule Download". All governmental and private providers are reimbursed according to the same fee schedule.
- (18) Hospice services – fees will equal Medicare fees for the same services in accordance with §1902(a)(13)(B) of the Social Security Act. The rate setting methodology is in compliance with State Medicaid Manual 4306. Total payments to a hospice are limited by the cap amount specified in 42CFR 418.309. Payment to the hospice for inpatient care is limited in accordance with 42CFR 418.302(f). For clients living in a nursing facility, the per diem nursing facility rate will equal 100% of the rate for that nursing home under the Medicaid program.

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