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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**

April 26, 2017

Roderick Bremby, Commissioner  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105

Dear Commissioner Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 14-012, submitted to my office on March 28, 2014 and approved on April 20, 2017. This SPA amends Attachment 4.19-B of the State Plan in order to increase fees for injectable codes (J codes and certain A, S and Q codes) to 100% of the applicable April 2013 Medicare fee for physicians, mid-level practitioners (nurse practitioners, physician assistants, certified nurse-midwives, and pediatric and family nurse practitioners) and medical clinics. Approval of this SPA allows mid-level practitioners to be paid 100% of the applicable physician rates, not the standard 90% rates as provided for other codes. This is due to the provider's out-of-pocket expenses with physician-administered drugs and supplies, which are the same regardless of practitioner type.

This SPA has been approved effective January 1, 2014, as requested by the State.

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

- Attachment 4.19B, Page 1(a)i(e)
- Attachment 4.19B, Page 1(a)iii and 1(a) iv
- Attachment 4.19B, Page 2(b)
- Attachment 4.19B, Page 16
- Attachment 4.19B, Page 1(b)
- Attachment 4.19B, Page 1(b)i and 1(b)ii
- Attachment 4.19B, Page 1(c)i

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

Page 2 – Roderick L. Bremby, Commissioner

Sincerely,

*/s/*

Richard R. McGreal  
Associate Regional Administrator

cc: Kate McEvoy, Director of Medical Administration - Health Services and Supports

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 14-012	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: 01/01/2014
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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: Sections 1905(a)(5), (6), (9), (17) and (21) of the Social Security Act and 42 CFR 440.50, 60, 90, and 166	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$552,000 costs b. FFY 2015 \$849,000 costs
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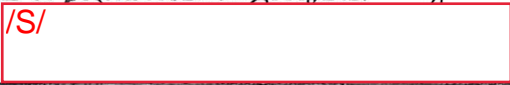
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9.  Attachment 4.19-B, Page 1(a)i(E) Attachment 4.19B, Pages 1(a)iii and iv Attachment 4.19-B, Page 2(b) Attachment 4.19-B, Pages 16 Attachment 4.19-B, Page 1(b) Attachment 4.19-B, Page 1(b)i and ii <del>Attachment 4.19B, Page 1(c)i</del>	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if applicable) Attachment 4.19-B, Page 1 (a)i(E) Attachment 4.19-B, Pages 1(a)(iii) and 1(a)(iv) Attachment 4.19-B, Page 2(b) Attachment 4.19-B, Page 16 Attachment 4.19B, Page 1(b) NEW <del>Attachment 4.19B, Page 1(c)i</del>
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10. SUBJECT OF AMENDMENT: Effective January 1, 2014, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to increase fees for injectable codes (J codes) and certain A, S and Q codes) to 100% of the applicable April 2013 Medicare fees for physicians, mid-level practitioners (nurse practitioners, physician assistants, certified nurse-midwives, and pediatric and family nurse practitioners) and medical clinics. Mid-level practitioners will be paid at 100% of the applicable physician rates, not the standard 90% of physician rates as provided for other codes, because the provider's out-of-pocket expenses with physician-administered drugs and supplies are the same regardless of practitioner type.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL


OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  State of Connecticut Department of Social Services - 11 <sup>th</sup> floor 25 Sigourney Street Hartford, CT 06106-5033 Attention: Ginny Mahoney
13. TYPED NAME: Roderick L. Bremby	
14. TITLE: Commissioner	
15. DATE SUBMITTED: March 28, 2014	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 28, 2014	18. DATE APPROVED: April 20, 2017
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations

23. REMARKS: State requested pen and ink changes to box 6 (adding 1905(a)17 and boxes 8 and 9 to reflect changes to amended and new pages submitted with the SPA

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

State: CONNECTICUT

(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 January 1, 2014<sup>1</sup> 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," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same 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. 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, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99374, 99377, 99379, 99380, 96110, 99050, 99051, 99053, D0145,

TN # 14-012Approval Date 4/20/2017Effective Date 01-01-2014

Supersedes

TN # 13-047

<sup>1</sup> **EXPLANATORY FOOTNOTE:** This SPA does not affect the previous out-of-order approval of SPAs 14-031, 14-037, and 14-039, each of which remains in effect from its effective date until substantively modified by a SPA with the same or later effective date. The effective date and superseded SPA are listed here in order to be consistent with the language and effective date for SPA 14-012. See the letter dated July 13, 2016 in the SPA record for SPA 11-017 for additional details. This footnote is not included on the SPA 14-012 pages for non-physician licensed practitioner pages affected by that SPA because those pages are being changed to simple cross-references to the physician (or dentist fee schedules), which means that it is no longer necessary to reference a fee schedule effective date on those pages. Accordingly, those pages within SPA 14-012 also do not affect any previous out-of-order approvals.

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

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- (ii) Naturopaths – 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 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,” then to “Provider Fee Schedule Download.” Rates are the same for private and governmental providers and are published at [www.ctdssmap.com](http://www.ctdssmap.com).
- (iii) Nurse practitioners – 90% of physician fees as referenced in (5) above, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees.

Nurse practitioner groups and individual nurse practitioners are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services. Nurse practitioner services within PCMH practices run by nurse practitioners are authorized by Section 1905(a)(6) (services by other licensed practitioners). Nurse practitioners working in a physician group or a solo physician practice are eligible to participate in the PCMH initiative as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan.

- (iv) Dental Hygienists - 90% of the department’s fees for dentists as referenced in (10) below.

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- (v) Licensed behavioral health practitioners to include licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, and licensed alcohol and drug counselors – not to exceed 75% of the Medicare physician fee schedule. The fee schedule for licensed behavioral health practitioners 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.” The agency’s rates were set as of January 1, 2012<sup>2</sup> 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).
- (vi) Physician assistants – 90% of the department’s fees for physicians, as referenced in (5) above, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees.

Physician assistants working in a physician group or a solo physician practice are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan in Section (5) above.

TN # 14-012  
Supersedes  
TN # 13-047

Approval Date 4/20/2017 Effective Date 1-01-2014

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<sup>2</sup> **EXPLANATORY FOOTNOTE:** This SPA does not affect the previous out-of-order approval of SPA 14-031, which remains in effect from its effective date until substantively modified by a SPA with the same or later effective date. The effective date and superseded SPA are listed here in order to be consistent with the language and effective date for SPA 14-012. See the letter dated July 13, 2016 in the SPA record for SPA 11-017 for additional details.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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- (17) Nurse-mid wife services - are paid off of the physician fee schedule at 90% of physician fees, as referenced in (5) above, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees.
- (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 # 14-012  
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TN # 13-015

Approval Date 4/20/2017

Effective Date 01-01-2014



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

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- (21) Pediatric and family nurse practitioners – are paid off of the physician fee schedule at 90% of physician fees, as referenced in (5) above, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees.

Pediatric and family nurse practitioner groups and individual pediatric and family nurse practitioners are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician's Services. Pediatric and family nurse practitioner services within PCMH practices run by pediatric and family nurse practitioners are authorized by Section 1905(a)(21) (services by certified pediatric and family nurse practitioners). Pediatric and family nurse practitioners working in a physician group or a solo physician practice are eligible to participate in the PCMH initiative as part of the physician group or solo physician practice under the Physician's Services section of the State Plan.

TN # 14-012  
Supersedes  
TN # 13-047

Approval Date 4/20/2017 Effective Date 01-01-2014

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- (9) Clinic services – Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of clinic services and the fee schedule and any annual/periodic adjustments to the fee schedule are published in [www.ctdssmap.com](http://www.ctdssmap.com). Fees are effective as of the dates noted below, except that fees may be deleted or added and priced in order to remain compliant with HIPAA. Rates for freestanding clinics are set as follows:
- (a) Ambulatory Surgery Centers: The current fee schedule was set as of July 1, 2008<sup>3</sup> and is effective for services provided on or after that date. All rates are published at [www.ctdssmap.com](http://www.ctdssmap.com).

TN # 14-012      Approval Date 4/20/2017      Effective Date 01-01-2014  
Supersedes  
TN # 13-032

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<sup>3</sup> **EXPLANATORY FOOTNOTE:** This SPA does not affect the previous out-of-order approvals of SPAs 14-030 and 15-002, each of which remains in effect from its effective date until substantively modified by a SPA with the same or later effective date. The effective date and superseded SPA are listed here in order to be consistent with the language and effective date for SPA 14-012. See the letter dated July 13, 2016 in the SPA record for SPA 11-017 for additional details.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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- (b) Dialysis Clinics: The current fee schedule was set as of January 1, 2014<sup>4</sup> and is effective for services provided on or after that date. All rates are published at [www.ctdssmap.com](http://www.ctdssmap.com).

TN # 14-012      Approval Date 4/20/2017      Effective Date 01-01-2014  
Supersedes  
TN # NEW

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<sup>4</sup> **EXPLANATORY FOOTNOTE:** This SPA does not affect the previous out-of-order approvals of SPAs 14-030 and 15-002, each of which remains in effect from its effective date until substantively modified by a SPA with the same or later effective date. The effective date and superseded SPA are listed here in order to be consistent with the language and effective date for SPA 14-012. See the letter dated July 13, 2016 in the SPA record for SPA 11-017 for additional details.

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- (c) Family Planning Clinics: The current fee schedule was set as of January 1, 2014<sup>5</sup> and is effective for services provided on or after that date. All rates are published at [www.ctdssmap.com](http://www.ctdssmap.com).

TN # 14-012

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Effective Date 01-01-14

Supersedes

TN # NEW

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<sup>5</sup> **EXPLANATORY FOOTNOTE:** This SPA does not affect the previous out-of-order approval of SPAs 14-030 and 15-002, each of which remains in effect from its effective date until substantively modified by a SPA with the same or later effective date. The effective date and superseded SPA are listed here in order to be consistent with the language and effective date for SPA 14-012. See the letter dated July 13, 2016 in the SPA record for SPA 11-017 for additional details.

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

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(e) Behavioral Health Clinics:

(e.1) **Private Behavioral Health Clinics.**

The current fee schedule was set as of January 1, 2014<sup>6</sup> and is effective for services on or after that date. Fees for services provided to individuals 18 years of age and over will be 95% of the published fee.

Effective January 1, 2012 the Department established a separate fee schedule for private behavioral health clinics that meet special access and quality standards and such fees are higher than the fees available to clinics that do not meet such special standards. These clinics must accept all (100%) telephonic and walk-in referrals that present during business hours. All referrals must be screened by a trained intake worker or clinician and triaged to determine whether the referral is emergent, urgent or routine. A clinician must evaluate a client who presents at the clinic with an emergent condition within two (2) hours. Clients that undergo telephonic or walk-in screening and are determined to be in urgent need of services must be offered an appointment for an urgent face-to-face clinical evaluation with a clinician to take place within two (2) calendar days of the screening. Clients that undergo telephonic or walk-in screening and are determined to have routine needs must be offered an appointment for a routine face-to-face clinical evaluation with a clinician to take place within 14 calendar days of the screening. These clinics must have at least nine (9) extended hours per week beyond routine business hours of 8:00 AM to 5:00 PM. Providers that are designated Enhanced Care Clinics and have a valid Letter of Agreement with the Department that holds them accountable to the quality standards and access standards receive the enhanced rate for all routine outpatient services provided. The state monitors the access standards on a routine basis and provides access standard reports to the providers on a quarterly basis. The state has established a process for providers to submit corrective action plans (CAPs) if they do not meet the access standards for any reason except in increase in volume in excess of 20% compared to the same quarter of the previous year. All Enhanced Care Clinics must electronically register appointments made with the Administrative Services Organization (ASO).

TN # 14-012

Approval Date 4/20/2017 Effective Date 1-01-2014

Supersedes

TN # 13-024

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<sup>6</sup> **EXPLANATORY FOOTNOTE:** This SPA does not affect the previous out-of-order approval of SPA 15-002, which remains in effect from its effective date until substantively modified by a SPA with the same or later effective date. The effective date and superseded SPA are listed here in order to be consistent with the language and effective date for SPA 13-024. See the letter dated July 13, 2016 in the SPA record for SPA 11-017 for additional details.