

TABLE OF CONTENTS: CT 14-030

1. Table of Contents
2. Approval Letter
3. CMS 179
4. Approved Pages

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 23, 2015

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

Dear Mr. Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 14-030, submitted to my office on December 30, 2014 and approved on March 26, 2015. This SPA proposes to amend Attachment 4.19B of the Medicaid State Plan in order to enable reimbursement for administration of influenza vaccines within family planning clinics. This SPA includes ten influenza vaccine procedure codes and two vaccine administration codes. Reimbursement for these codes will be based on the rates currently present on the Physician Office and Outpatient fee schedule. These changes will apply to family planning clinics and to providers who bill using the family planning fee schedule for providing influenza vaccines to Medicaid beneficiaries. This SPA has been approved effective October 1, 2014, as requested by the State.

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

- Attachment 4.19B, page 1(b)

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

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

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

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|---|---|--------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | 1. TRANSMITTAL NUMBER: 14-030 | 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: 10/01/2014 | |

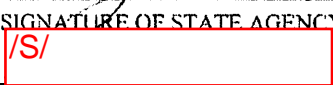
5. TYPE OF STATE PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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

| | |
|---|--|
| 6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(9) of the Social Security Act and 42 CFR 440.90 | 7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$ 43,000 costs b. FFY 2016 \$ 44,000 costs |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B Page 1(b) | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19B Page 1(b) |

10. SUBJECT OF AMENDMENT: Effective October 1, 2014, this SPA enables reimbursement for administration of influenza vaccines within family planning clinics. Ten influenza vaccine procedure codes and two vaccine administration codes will be added to the Family Planning Clinic fee schedule. These changes will apply to family planning clinics and to providers who bill using the family planning fee schedule for providing influenza vaccines to Medicaid beneficiaries. These changes are intended to promote public health and beneficiaries' health by expanding access to the vaccine. This change is anticipated to result in estimated federal costs of \$43,000 in Federal Fiscal Year 2015 and \$44,000 in Federal Fiscal Year 2016.

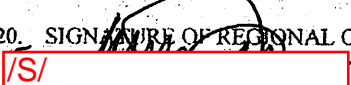
11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

| | |
|--|---|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO: State of Connecticut Department of Social Services 55 Farmington Avenue - 9 th floor Hartford, CT 06105 Attention: Ginny Mahoney |
| 13. TYPED NAME: Roderick L. Bremby | |
| 14. TITLE: Commissioner | |
| 15. DATE SUBMITTED: December 29, 2014 | |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED: December 30, 2014 | 18. DATE APPROVED: March 26, 2015 |
|--------------------------------------|-----------------------------------|

PLAN APPROVED - ONE COPY ATTACHED

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|---|---|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: October 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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (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. 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 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com. Effective October 1, 2008, reimbursement for freestanding Ambulatory Surgery Centers will be converted to a uniform fixed fee schedule based on CPT codes and Medicare price groups. Fees will be updated when new Medicare price groups are introduced or CPT codes (new or existing) are assigned to new or previously established Medicare price groups. The current fee schedule was set as of October 1, 2008 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.
 - (b) Dialysis Clinics: The current fee schedule was set as of July 1, 2008 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.
 - (c) Family Planning Clinics: The current fee schedule was set as of October 1, 2014 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 14-030
Supersedes
TN # 14-012

Approval Date 3/26/15

Effective Date 10-01-14