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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 27, 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. 15-002, submitted to my office on March 27, 2015. This SPA proposes to amend Attachment 4.19B of the Medicaid State Plan to incorporate the 2015 HCPCS changes (additions, deletions and description changes) with pricing, to the following fee schedules: Ambulatory Surgical Centers, Family Planning Clinics, Medicaid Clinic, Mental Health and Substance Abuse Clinics, and Dialysis Clinics. This SPA ensures that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act.

This SPA has been approved effective January 1, 2015, as requested by the State.

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

- Attachment 4.19B, Page 1(b)
- Attachment 4.19B, Page 1(c)

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

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
15-002

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:
January 1, 2015

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)(9) of the Social Security Act and
42 CFR 440.90

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$0
b. FFY 2016 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19B Pages 1(b) and 1(c)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
Attachment 4.19B Pages 1(b) and 1(c)

10. SUBJECT OF AMENDMENT: Effective January 1, 2015, this SPA proposes to amend Attachment 4.19B to incorporate the 2015 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes), with pricing, to the following fee schedules: Ambulatory Surgical Center, Family Planning Clinic, Medical Clinic, Mental Health and Substance Abuse Clinic, and Dialysis Clinic. The Department is making these changes to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

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:

/s/

16. RETURN TO:

13. TYPED NAME: Roderick L. Bremby

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

14. TITLE: Commissioner

15. DATE SUBMITTED:
March 27, 2015

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 27, 2015

18. DATE APPROVED: April 27, 2015

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME: Richard R. McGreal

Associate Regional Administrator
22. TITLE: Division of Medicaid & Children's Health Oper.

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

OFFICIAL

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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. 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 January 1, 2015 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 January 1, 2015 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 January 1, 2015 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 15-002
Supersedes
TN # 14-030

Approval Date 4/27/15

Effective Date 01-01-15

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

OFFICIAL

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- (d) Medical Clinics: The current fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com. Rates are the same for private and governmental providers.
- (e) Mental Health and Substance Abuse Clinics:
- (e.1) Private Mental Health and Substance Abuse Clinics. The current fee schedule was set as of January 1, 2015 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 mental health and substance abuse clinics other than Federally Qualified Health Centers 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. Fees for services provided to individuals 18 years of age and over will be 95% of the published fee.
- All fees are published at www.ctdssmap.com. Rates are the same for private and governmental providers.
- (f) Rehabilitation Clinics: Effective September 1, 2008, reimbursement for physical therapy and occupational therapy provided by rehabilitation clinics will change from a per visit fee to CPT modality-specific fee based reimbursement. The current fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.