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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 29, 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. 15-006, submitted to my office on February 19, 2015 and approved on March 26, 2015. This SPA proposes to amend Attachment 4.19B of the Medicaid State Plan to reimburse for specified services and vaccine administration provided under the Vaccines for Children program provided by certain primary care physicians at 100% of calculated 2014 Medicare facility and non-facility rates. Through this SPA, Connecticut is choosing to continue making increased payments for specified primary care services effective January 1, 2015 through June 30, 2015.

This SPA has been approved effective January 1, 2015-June 30, 2015, as requested by the State.

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

- Attachment 4.19B, Page 1(a)i(J)
- Attachment 4.19B, Page 1(a)i(K)
- Attachment 4.19B, Page 1(a)i(L)

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: 15-006	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 - June 30, 2015	
5. TYPE OF STATE 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: Sections 1905(a)(5), (6), and (21) of the Social Security Act and 42 CFR 440.50, 60, 165 and 166	7. FEDERAL BUDGET IMPACT: FFY 2015 \$25.7 million (costs)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B Page 1(a)(J), (K), and (L)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19B Page 1(a)(J), (K), and (L)
10. SUBJECT OF AMENDMENT. Effective January 1, 2015 through June 30, 2015, this SPA will (1) reimburse for specified services and vaccine administration provided under the Vaccines for Children program provided by certain primary care physicians at 100% of the calculated 2014 Medicare facility and non-facility rates, (2) implement a site of service differential to reimburse specific services eligible for a primary care increased payment at a different payment when rendered in a facility setting based on the Medicare fee reimbursed in a facility setting and (3) enables Advanced Practice Registered Nurses (APRNs) to attest as eligible for the increased payment if they practice primary care and at least 60% of their Medicaid billed codes are the codes eligible under this SPA. It is estimated that this change will increase annual aggregate expenditures by approximately \$25.7 million in Federal Fiscal Year 2015.	

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: <div style="border: 1px solid red; padding: 2px; display: inline-block;">/s/</div>	16. RETURN TO: State of Connecticut Department of Social Services 55 Farmington Avenue - 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
13. TYPED NAME: Roderick L. Bremby	
14. TITLE: Commissioner	
15. DATE SUBMITTED: February 19, 2015	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: February 19, 2015	18. DATE APPROVED: March 26, 2015
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2015-June 30, 2015	20. SIGNATURE OF REGIONAL OFFICIAL: <div style="border: 1px solid red; padding: 2px; display: inline-block;">/s/</div>
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Oper.

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

OFFICIAL

State: CONNECTICUT

(d) **Payments for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration Under the Vaccines for Children Program**

Physician's Services – Amount of Minimum Payment – Increased Primary Care Service Payment

The state reimburses for services provided by physicians meeting the provisions set forth in 42 C.F.R. § 447.400(a) and nurse practitioners who practice primary care and whose Medicaid billed codes for the prior calendar year (or if a newly enrolled provider, the prior calendar month) are comprised of at least 60% of the codes eligible for increased payment under this section and also physician assistants and certified nurse midwives who maintain valid attestations that their services are rendered under the personal supervision of an eligible physician who also maintains a valid attestation at the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar year 2014 using the calendar year 2009 Medicare physician fee schedule conversion factor. The state will not adjust the fee schedule to account for any changes in Medicare rates throughout the year. If there is no applicable rate established by Medicare, the state uses the rate specified in a fee schedule established and announced by CMS.

- The rates reflect all Medicare site of service and locality adjustments.
- The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting. Connecticut has only one Medicare GPCI.
- The rates reflect all Medicare geographic/locality adjustments.
- The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code: _____

Method of Payment

- The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.

TN # 15-006
Supersedes
TN # 13-001

Approval Date 3/26/15 _____ Effective Date 01-01-2015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

OFFICIAL

The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 C.F.R. § 447.405.

Supplemental payment is made: monthly quarterly semi-annually annually

Primary Care Services Affected by this Payment Methodology

This payment applies to the following Evaluation and Management (E&M) billing codes 99201-99215, 99304 – 99310, 99315 – 99316, 99318, 99324 – 99328, 99334 – 99337, 99339, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99406 – 99407, 99408 – 99409, 99411 – 99412.

The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes): 99224, 99225, 99226, 99288, 99340, 99358, 99359, 99360, 99366, 99367, 99368, 99375, 99378, 99429, 99441, 99442, 99443, 99444, 99485, 99486, 99487, 99488, 99489, 99495, 99496 and 99499.

The state will also make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added): CPT code 90460 was added to the physician fee schedule effective January 1, 2011 (see also below). **Physician Services – Vaccine Administration**

On or after January 1, 2015 through June 30, 2015 the state reimburses vaccine administration services furnished by physicians meeting the provisions set forth in 42 C.F.R. § 447.400(a) and nurse practitioners who practice primary care and whose Medicaid billed codes for the prior calendar year (or if a newly enrolled provider, the prior calendar month) are comprised of at least 60% of the codes eligible for increased payment under this section and also physician assistants and certified nurse midwives who maintain valid attestations that their services are rendered under the personal supervision of an eligible physician who also maintains a valid attestation at the state regional maximum administration fee set by the Vaccines for Children (VFC) program.

TN # 15-006
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Approval Date 3/26/15 _____ Effective Date 01-01-2015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

OFFICIAL

Effective Date of Payment

E & M Physicians' and Nurse Practitioner's Services: This reimbursement methodology applies to services delivered on and after January 1, 2015 through June 30, 2015. All rates are published at the Connecticut Medical Assistance Program website: 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.

Vaccine Administration: This reimbursement methodology applies to services delivered on and after January 1, 2015 through June 30, 2015. All rates are published at the Connecticut Medical Assistance Program website: 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. After June 30, 2015, the applicable rates are those specified under the physician fee schedule as referenced and described above in the first paragraph of the Physicians' Services section (5) of Attachment 4.19-B.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 48 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-18

TN # 15-006
Supersedes
TN # 13-001

Approval Date 3/26/15 _____ Effective Date 01-01-2015