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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

December 14, 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. 15-038, submitted to my office on September 28, 2015 and approved on December 2, 2015. This SPA amends Attachment 4.19-B of the State Plan to change the reimbursement methodology for Medicaid ambulance services to use a relative value unit (RVU) system similar to the methodology used in Medicare. This change is designed to align Medicaid ambulance reimbursement more closely with Medicare.

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

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

- Attachment 4.19B-Page 20

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:
15-038

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:
August 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)(29) of the Social Security Act and
42 CFR 440.170

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$1,224,000 (costs)
b. FFY 2016 \$7,423,000 (costs)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B Page 20

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
Attachment 4.19-B Page 20

10. SUBJECT OF AMENDMENT: Effective August 1, 2015, SPA 15-038 changes the reimbursement methodology for Medicaid ambulance services to use a relative value unit (RVU) system similar to the methodology used in Medicare. This change is designed to align Medicaid ambulance reimbursement more closely with Medicare.

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
55 Farmington Avenue – 9th floor
Hartford, CT 06105
Attention: Ginny Mahoney

14. TITLE: Commissioner

15. DATE SUBMITTED:
September 28, 2015

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 28, 2015

18. DATE APPROVED: December 2, 2015

PLAN APPROVED – ONE COPY ATTACHED

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

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME: Richard R. McGreal

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

23. REMARKS:

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: CONNECTICUT

24. **Methods and Standards for Establishing Rates – Other types of Care**

A. Transportation

- (1) Ambulance - All rates are published at www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download” and select the “Transportation” subcategory listed below. Except as otherwise noted in the plan, state-developed fee schedule rates for these services are the same for both governmental and private providers.
 - (a) Fees for emergency medical transportation were set as of August 1, 2015 and are effective for services provided on or after that date. Select the “Transportation – Basic/Advanced” fee schedule.
 - (b) Fees for non-emergency ambulance services were set as of August 1, 2015 and are effective for services provided on or after that date. Select the “Transportation – Basic/Advanced” fee schedule.
 - (c) Fees for emergency conventional air ambulance services (rotary wing) were set as of December 1, 2012 and are effective for services provided on or after that date. Select the “Transportation – Critical Helicopter” fee schedule. Fees for emergency conventional air ambulance services (fixed wing) are manually priced. Select the “Transportation – Air Ambulance” fee schedule.

(2) Non-Emergency Medical Transportation (NEMT)

NEMT rates for livery and wheelchair service were set as of February 1, 2013 and are effective for services provided on or after that date. All rates are published at www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download” and select the “Transport – Non-Emergency Medical” fee schedule. Except as otherwise noted in the plan, state-developed free schedule rates for these services are the same for both governmental and private providers.

The Department will establish the rates paid to NEMT providers for non-emergency ambulance, wheelchair van livery services and personal reimbursements and other modes as determined by the Department. The provider fees are posted for two modes of transportation: general livery/taxi and wheelchair accessible vehicles. Providers are paid a base rate plus a per mile rate for all trips. If more than one rider is transported, the base rate for the second rider is reduced. The payment methodology for NEMT is described in Attachments 3.1-A and 3.1-B.