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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
John F. Kennedy Federal Building  
Boston, Massachusetts 02203



## **Boston Regional Operations Group**

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April 9, 2019

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

Dear Commissioner Bremby:

We are pleased to enclose via email a copy of approved Connecticut State Plan Amendment (SPA) No. 18-0026, submitted to my office on September 28, 2018 and approved on April 9, 2019.

This SPA amends Attachment 4:19-B of the Medicaid State Plan to update the physician office and outpatient and family planning clinic fee schedules as follows:

1. Several procedure codes on the physician fee schedule that are currently manually priced are being priced at 57.5% of the 2018 Medicare physician fee schedule
2. Current Procedure Terminology (CPT) code: 90739 ("Hepb vacc, 2 dose adult im") is being added to the physician fee schedule
3. The rates for specified long acting reversible contraceptive (LARC) devices is being increased on the physician and family planning clinic fee schedules
4. CPT code: 90749-"Unlisted vaccine/toxoid" is being added to the physician fee schedule to pay providers for newly introduced, FDA approved vaccines/toxoids.

This SPA's approval is effective July 1, 2018, as requested by the State.

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

- Attachment 4.19-B, Page 1(a)i(E)
- Attachment 4.19-B, Page 1(b)iii

If you have any questions regarding this matter you may contact Marie DiMartino (978) 330-8063 or by e-mail at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov)

Sincerely,

Francis T. McCullough, Director  
Division of Medicaid Field Operations East

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:  
18-0026

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:  
July 1, 2018

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) and (9) of the Social Security  
Act and 42 CFR 440.50 and 440.90

7. FEDERAL BUDGET IMPACT:  
a. FFY 2018 \$48,000  
b. FFY 2019 \$288,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-B, Page 1(a)i(E)  
Attachment 4.19-B, Page 1(b)ii

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (If applicable)  
Attachment 4.19-B, Page 1(a)i(E)  
Attachment 4.19-B, Page 1(b)ii

10. SUBJECT OF AMENDMENT: As described in more detail in the cover letter for this SPA, effective July 1, 2018, SPA 18-0026 amends Attachment 4.19-B of the Medicaid State Plan to update the physician office and outpatient and family planning clinic fee schedules as follows: 1. Several procedure codes on the physician fee schedule that are currently manually priced are being priced at 57.5% of the 2018 Medicare physician fee schedule; 2. Current Procedure Terminology (CPT) code: 90739 ("Hepb vacc, 2 dose adult im") is being added to the physician fee schedule; 3. the rates for specified long acting reversible contraceptive (LARC) devices is being increased on the physician and family planning clinic fee schedules; 4. CPT code: 90749-"Unlisted vaccine/toxoid" is being added to the physician fee schedule to pay providers for newly introduced, FDA approved vaccines/toxoids.

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:

13. T. [Redacted] emby

14. TITLE: Commissioner

15. DATE SUBMITTED:  
September 28, 2018

16. RETURN TO:

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 28 2018

18. DATE APPROVED: April 9 2019

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1 2018

20. SIGNATURE OF REGIONAL OFFICIAL:  
*Francis T. McCullough*

21. TYPED NAME: Francis T. McCullough

22. TITLE: Acting Director  
Division of Medicaid Field Operations-East

23. REMARKS:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**State: CONNECTICUT**

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(5) Physician's services – Fixed fee schedule not to exceed the Medicare physician fee schedule. The current fee schedule was set as of July 1, 2018 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 or NCQA medical home recognition under the 2017 or later NCQA standards (which do not recognize specific levels of 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 # 18-0026

Approval Date 4/9/19

Effective Date 07-01-2018

Supersedes

TN # 18-0020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

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- (c) Family Planning Clinics: The current fee schedule was set as of July 1, 2018 and is effective for services provided on or after that date. All rates are published at [www.ctdssmap.com](http://www.ctdssmap.com).

TN # 18-0026  
Supersedes  
TN # 18-0020

Approval Date 4/9/19

Effective Date 07-01-2018