

## **DEPARTMENT OF SOCIAL SERVICES**

### **Notice of Proposed Medicaid State Plan Amendment (SPA)**

#### **SPA 17-AG: Increase to Enhanced Primary Care Provider Payments**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services.

#### **Changes to Medicaid State Plan**

Effective on or after December 1, 2017, SPA 17-AG will amend Attachment 4.19-B of the Medicaid State Plan to reimburse at 95% of the calculated 2014 Medicare physician fee schedule facility and non-facility rates for specified primary care services and vaccine administration provided under the Vaccines for Children program. These payments apply to specific primary care services described in the Medicaid State Plan and as identified in Provider Bulletin 2014-75 and which can be accessed by going to <http://www.ctdssmap.com>; go to “Information,” then to “Publications”.

This SPA is being implemented in order to conform to the increased funding level for primary care provider services included in the final state budget for state fiscal years (SFY) 2018 and 2019 that was approved by the General Assembly in Public Act 17-2 of the June 2017 Special Session. This SPA increases the methodology from the previous level, which reimbursed at 90% of the calculated 2014 Medicare physician fee schedule facility and non-facility rates for specified primary care services and vaccine administration provided under the Vaccines for Children program.

#### **Fiscal Impact**

Based on available information, DSS estimates that this SPA will increase annual aggregate Medicaid expenditures by approximately \$6.4 million in state fiscal year (SFY) 2018 and \$13.1 million in SFY 2019.

#### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at this link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office or the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 17-AG: Increase to Enhanced Primary Care Provider Payments”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than December 13, 2017.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

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(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 95% of 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 # 17-AG  
Supersedes  
TN # 17-0027

Approval Date \_\_\_\_\_

Effective Date 12/01/2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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**Effective Date of Payment**

**E & M Physicians' and Nurse Practitioner's Services:** This reimbursement methodology applies to services delivered on and after December 1, 2017. All rates are published at 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.

**Vaccine Administration:** This reimbursement methodology applies to services delivered on and after December 1, 2017. All rates are published at 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.

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

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Effective Date 12/01/2017