

DEPARTMENT OF SOCIAL SERVICES

NOTICE OF PROPOSED MEDICAID STATE PLAN AMENDMENT INFLUENZA VACCINE REIMBURSEMENT (SPA 13-047)

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

Changes to Medicaid State Plan

Effective on or after October 2, 2013, SPA 13-047 will amend Attachment 4.19-B of the Medicaid State Plan to reflect the following changes to the physician and medical clinic fee schedules: (1) adding two procedure codes for influenza vaccines recently approved by the U.S. Food and Drug Administration (FDA) (codes 90685 and 90686) and (2) changing an existing influenza vaccine procedure codes (90762) from manual priced to a fixed fee. These changes will apply to medical clinics and to providers who bill using the physician fee schedule for providing influenza vaccines to Medicaid beneficiaries. DSS is making these changes to promote public health and beneficiaries' health by providing access to newly approved vaccines and to clarify the fee schedule by setting a fixed fee for a code that was previously manually priced.

Fiscal Information

While the estimated change in annual aggregate expenditures from this proposal has not yet been determined, based on the information available at this time, the DSS anticipates that this proposal will result in an increase in expenditures for Federal Fiscal Years 2014 and 2015.

Information on Obtaining SPA Language and Submission of Comments

In accordance with federal Medicaid requirements, upon request, DSS will provide copies of the proposed SPA. Copies of the proposed SPA may also be obtained at each of the DSS regional offices and on the DSS web site: <http://www.ct.gov/dss>. Go to "Publications" and then "Updates".

Written, phone, and email requests should be directed to Ginny Mahoney, Department of Social Services, Medical Policy Unit, 25 Sigourney Street, 11th Floor, Hartford, CT 06106-5033 (Phone: 860-424-5145, Fax: 860-424-5799, Email: ginny.mahoney@ct.gov). Please reference "SPA 13-047: Influenza Vaccine Reimbursement".)

Members of the public may also file written comments concerning the proposed change. Written comments must be received by October 18, 2013.

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- (5) Physician's services – fixed fee schedule not to exceed the Medicare physician fee schedule. Fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors. The current fee schedule was set as of October 2, 2013 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. 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. 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,

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- (a) Medical Clinics: The current fee schedule was set as of October 2, 2013 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.
- (b) Mental Health and Substance Abuse Clinics: The current fee schedule was set as of December 1, 2010 and is effective for services provided on or after that date. Effective July 1, 2008 the Department has established a separate fee schedule for 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 mental health and substance abuse clinics that do not meet such special standards. All rates are published at www.ctdssmap.com.
- (c) 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 September 1, 2008 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.