

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (1) Inpatient hospital services (other than services in an institution for tuberculosis or mental disease) see attachment 4.19A.
- (2)
 - (a) Outpatient hospital services – Fee per visit or service. No payment shall be made in excess of the charges made by the hospital for comparable service to the general public.
 - (i) Physician services rendered in a hospital outpatient setting are paid in accordance with Attachment 4.19B, page 1(a)ii, item 5.
 - (ii) Podiatry services rendered in a hospital outpatient setting are paid in accordance with Attachment 4.19B, page 1(a)iii.
 - (iii) Optometrists services rendered in a hospital outpatient setting are paid in accordance with 4.19B, page 1(a)iii.
 - (iv) Chiropractors – services rendered in a hospital outpatient setting are paid in accordance with 4.19B, page 1(a)iii.
 - (v) Other practitioners - services rendered in a hospital outpatient setting are paid from the physician fee schedule in accordance with 4.19B, page 1 (a)iv through 4.19B, page 1 (a)v.
 - (vi) Medical and surgical services furnished by a dentist are paid in accordance with Attachment 4.19B, page 1(c).
 - (vii) Laboratory services rendered in a hospital outpatient setting are paid in accordance with Attachment 4.19B, page 1(a)i.
 - (viii) X-ray services rendered in a hospital outpatient setting are reimbursed at a ratio of cost-to-charge based on revenue center codes.
 - (ix) Medical equipment, devices and surgical supplies provided in a hospital outpatient setting are reimbursed at ratio of cost-to-charge.
 - (x) Prescribed drugs provided in a hospital outpatient setting are reimbursed at ratio of cost-to-charge.

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- (b) Rural Health Clinics – Not provided.
- (c) Federally Qualified Health Center rates are set according to the Regulations of Connecticut State Agencies, governing community health centers. The rate setting methodology conforms to the prospective payment system under Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act (BIPA) of 2000. For the purpose of establishing the amount to be paid by the department for services provided at Federally Qualified Health Centers to Medicaid recipients enrolled in managed care in accordance with section 4712(b)(2) of the Balanced Budget Act of 1997, such payments shall be calculated as the difference between the rates as described in subsection (a) above and the amount of reimbursement for the same service received by the Federally Qualified Health Center from the managed care organization.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of physical therapy and related services, and audiology and speech pathology services and the fee schedule and any annual/periodic adjustments to the fee schedule are published at www.ctdssmap.com, noted in 4.19B, page 1(d).

- (3) Other Laboratory and X-Ray services – Fixed negotiated fee schedules can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to "Provider Services" then to "Fee Schedule Download." X-ray services – Published Relative Value Scale with fixed dollar conversion factors.

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(4) Skilled Nursing Home Services:

(a) Skilled nursing home services for individuals twenty-one years of age or over (other than services in an institution for tuberculosis or mental diseases). Skilled nursing home rate is determined on the basis of cost reports of the fiscal year ending September 30th providing for a reasonable payment for necessary services. No rate can be in excess of the published charge made for comparable services to the general public.

Intermediate Care Facility rate is determined on the same basis as described under "Skilled Nursing Home" and are not in excess of the published charge made for comparable services to the general public.

(b) Early and periodic screening and diagnosis of individuals under 21 years of age.

(c) Family planning services, drugs, supplies and devices when such services are under the supervision of a physician: (i) physician services, same as item (5); (1b) Clinics, same as item (9); Drug and supplies, same as item (12).

(5)

(a) 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 agency will make a supplemental payment to each physician or physician group equal to 15.91% of payments to each physician for dates of service January 1, 2008 through June 30, 2008, based on claims processed as of September 24th, 2008. The supplemental payment will be made on or before November 30th, 2008. The current fee schedule was set as of January 1, 2008 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 Services" then to "Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee.

(b) Medical and surgical services furnished by a dentist are paid in accordance with Attachment 4.19B, page 1(d).

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- (6) Medical care or any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. Fixed fee methodologies are summarized below. Fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors.
- (a) Podiatrists – 90% of physician fees as noted in (5) above. The agency will make a supplemental payment to each podiatrist equal to 15.91% of payments to each podiatrist for dates of service January 1, 2008 through June 30, 2008, based on claims processed as of September 24th, 2008. The supplemental payment will be made on or before November 30th, 2008. The current fee schedule was set as of January 1, 2008 and is effective for services provided on or after that date.
- (b) Optometrists – 90% of physician fees as noted in (5) above. The agency will make a supplemental payment to each optometrist equal to 15.91% of payments to each optometrist for dates of service January 1, 2008 through June 30, 2008, based on claims processed as of September 24th, 2008. The supplemental payment will be made on or before November 30th, 2008. The current fee schedule was set as of January 1, 2008 and is effective for services provided on or after that date.
- (c) Chiropractors – 90% of physician fees as noted in (5) above. The agency will make a supplemental payment to each chiropractor or chiropractor group equal to 15.91% of payments to each chiropractor for dates of service January 1, 2008 through June 30, 2008, based on claims processed as of September 24th, 2008. The supplemental payment will be made on or before November 30th, 2008. The current fee schedule was set as of January 1, 2008 and is effective for services provided on or after that date. The fee schedule for chiropractors can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to "Provider Services" then to "Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.

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(d) Other practitioners

- (1) Psychologists – 90% of physician fees as noted in (5) above. The agency will make a supplemental payment to each psychologist equal to 15.91% of payments to each psychologist for dates of service January 1, 2008 through June 30, 2008, based on claims processed as of September 24th, 2008. The supplemental payment will be made on or before November 30th, 2008. The current fee schedule was set as of January 1, 2008 and is effective for services provided on or after that date. The fee schedule for psychologists can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to "Provider Services" then to "Fee Schedule Download."
- (2) Naturopaths – 90% of physician fees as noted in (5) above. The agency will make a supplemental payment to each naturopath equal to 15.91% of payments to each naturopath for dates of service January 1, 2008 through June 30, 2008, based on claims processed as of September 24th, 2008. The supplemental payment will be made on or before November 30th, 2008. The current fee schedule was set as of January 1, 2008 and is effective for services provided on or after that date. The fee schedule for naturopaths can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to "Provider Services" then to "Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.
- (3) Nurse practitioners – 90% of physician fees as noted in (5) above. The agency will make a supplemental payment to each nurse practitioner equal to 15.91% of payments to each nurse practitioner for dates of service January 1, 2008 through June 30, 2008, based on claims processed as of September 24th, 2008. The supplemental payment will be made on or before November 30th, 2008. The current fee schedule was set as of January 1, 2008 and is effective for services provided on or after that date.
- (4) Dental Hygienists - 90% of the department's fees for dentists. The fee schedule for dentists can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to "Provider Services" then to "Fee Schedule Download." The agency's rates were set as of April 1, 2008 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com.

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- (5) Licensed behavioral health practitioners to include licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, and licensed alcohol and drug counselors – not to exceed 75% of the Medicare physician fee schedule. The fee schedule for licensed behavioral health practitioners can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to "Provider Services" then to "Fee Schedule Download." The agency's rates were set as of October 1, 2008 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published on the agency's website.
- (7) Home Health Services – Fee schedule The Department may add, adjust or eliminate service fees to reflect the scope of service or time and cost associated with service provision. In no case will the fee paid to an agency exceed the agency charge to the general public for similar services.
- (8) Private duty nursing services – Not provided.

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- (17) Nurse-mid wife services - 90% of physician fees as noted on Attachment 4.19B, page 1(a)ii, item (5) above. The agency will make a supplemental payment to each nurse midwife equal to 15.91% of payments to each nurse midwife for dates of service January 1, 2008 through June 30, 2008, based on claims processed as of September 24th, 2008. The supplemental payment will be made on or before November 30th, 2008. The agency's fee schedule for physical therapy and related services was set as of January 1, 2008 and is effective for services provided on or after that date.

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