

NOTICE OF PROPOSED CHANGES TO THE STATE MEDICAID PLAN

The Department of Social Services proposes to revise its Medicaid State Plan on or after July 1, 2011. Under state plan amendment 11-018, the Department intends to modify Attachment 4.19-B of the Connecticut Medicaid State Plan in order to amend its physician fee schedule. The Department proposes to amend the State Plan as follows:

- 1) Add an obstetrical fee for delivery after previous cesarean delivery services, procedure codes 59610, 59612, 59614, 59618, 59620, and 59622. This change is expected to result in an estimated cost of \$117,000 in SFY12 and \$120,000 in SFY13; and
- 2) Align the obstetrical reimbursement for all vaginal and cesarean deliveries to 150% of Medicare. This change is expected to result in an estimated net savings of \$2.5 million in SFY12 and \$2.6 million in SFY13.

Copies of the proposed changes may be obtained at each of the DSS's regional offices and on the DSS web site: www.dss.state.ct.us. Go to "Publications" and then to "News and Updates". For information please contact 860-424-5145.

Written comments may be sent by July 12, 2011 to:
Director of Medical Care Administration
Department of Social Services
25 Sigourney Street, 11th floor
Hartford, CT 06106

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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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 July 1, 2011 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 schedule.
- (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 current fee schedule was set as of January 1, 2008 and is effective for services provided on or after that date. The fee schedule 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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- (ii) Naturopaths – 90% of physician fees as noted in (5) above. 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.
- (iii) Nurse practitioners – 90% of physician fees as noted in (5) above. The current fee schedule was set as of July 1, 2011 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 schedule.
- (iv) 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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- (17) Nurse-mid wife services - are paid off of the physician fee schedule at 90% of physician fees. The agency's physician fee schedule was set as of July 1, 2011 and is effective for services provided on or after that date, except that fees may be deleted or added and priced in order to remain compliant with HIPAA. The physician fee schedule 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.
- (18) Hospice services – fees will equal Medicare fees for the same services in accordance with §1902(a)(13)(B) of the Social Security Act. The rate setting methodology is in compliance with State Medicaid Manual 4306. Total payments to a hospice are limited by the cap amount specified in 42CFR 418.309. Payment to the hospice for inpatient care is limited in accordance with 42CFR 418.302(f). For clients living in a nursing facility, the per diem nursing facility rate will equal 100% of the rate for that nursing home under the Medicaid program.

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