

PROPOSED CHANGES TO THE MEDICAID STATE PLAN

On December 30th, 2011, the State Department of Social Services (DSS) published notice of its proposal to submit the following Medicaid State Plan Amendments to the Centers for Medicare & Medicaid Services:

12-005	
12-006 has been combined with 12-005	Hospital Outpatient Reimbursement Methodology and Federally Qualified Health Center Reimbursement Methodology
12-008	Physicians, APRNs and Physician Assistant Services Reimbursement Methodology and Physician based Person- Centered Medical Homes (PCMH)

The Department has extended the time frame for the submission of comments on these SPAs to April 17th 2012.

Please note that State Plan Amendment 12-005 and 12-006 were combined into State Plan Amendment # 12-005.

Comments should be directed to Christopher LaVigne, Office of Certificate of Need and Rate Setting, Department of Social Services, 25 Sigourney Street, Hartford, CT 06106-5033. (Phone: 860-424-5719, Fax: 860-424-4812, E-mail: con-ratesetting.dss@ct.gov).

Please reference the SPA heading listed above (e.g., “12-005, Hospital Outpatient Reimbursement Methodology”).

Please note that draft fees contained in the State Plan Amendment Pages may be subject to change.

State: CONNECTICUT

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORIALY NEEDY GROUP(S): ALL**

1. Physician Assistants.

- i Physician Assistants must be licensed under Chapter 370, Section 20-12b of the Connecticut General Statutes.
- ii Services are limited to a physician assistant's scope of practice as set forth in the Connecticut General Statutes Section 20-12d.
- iii Each physician assistant shall have a supervising physician as set forth in the Connecticut General Statutes Section 20-12c.

**TN # 12-008
Supersedes
TN # NEW**

Approval Date _____

Effective Date 1-1-2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (ii) Naturopaths – 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 January 1, 2012 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.

TN # 12-008 & 12-010
Supersedes
TN # 11-006

Approval Date _____

Effective Date 01-01-2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (v) 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 January 1, 2012 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.
- (vi) Physician assistants -100% of the department's fees for physicians. 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." The agency's rates were set as of January 1, 2012 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.

TN # 12-008 & 12-010
Supersedes
TN # 09-013

Approval Date _____

Effective Date 01-01-2012

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

- (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 January 1, 2012 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.

Person Centered Medical Home (PCMH) participating practices are independent physician groups, or solo practices that are seeking or have met National Committee for Quality Assurance (NCQA) medical home recognition. The department offers a PCMH Glide Path option to provide financial and technical support for practices that are preparing for PCMH qualification. In order to qualify for Glide Path status, a practice must demonstrate in its application that it has initiated activities to achieve NCQA recognition.

Beginning January 1, 2012, PCMH participating practices and Glide Path participants may be eligible for an add-on to the per visit medical rate. PCMH participating practices may also be eligible for and retrospective per-member-per-month (PMPM) performance incentive and improvements.

1. Start-up costs will be reimbursed in three installments corresponding to the phase of NCQA recognition. Independent physician practices with 5 or less full time equivalent practitioners will be eligible to receive start-up payments.

<u>Practice Size</u>	<u>Phase 1 Payment</u>	<u>Phase 2 Payment</u>	<u>Phase 3 Payment</u>
1	\$4,300	\$4,300	\$4,400
2	\$5,300	\$5,300	\$5,400
3	\$6,300	\$6,300	\$6,400
4	\$7,300	\$7,300	\$7,400
5	\$8,300	\$8,300	\$8,400

- a. For Glide Path practices, the fee add-on for select physician fees will total 14%.

TN # 12-008
Supersedes
TN # 11-006

Approval Date _____

Effective Date 01-01-2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

2. The rate add-on for select physician fees will be scaled to the following stages in the NCQA recognition process:
 - a. For NCQA Recognition Level 2, the fee add-on for select physician fees will total 20%.
 - b. For NCQA Recognition Level 3, the fee add-on for select physician fees will total 24%.

3. The per-member-per-month (PMPM) performance payments will be paid to practices on a retrospective basis based upon an attribution methodology.
 - a. Performance Incentive Payment: Qualifying independent physician groups will receive a performance incentive payment totaling \$0.60 PMPM. Payments will be issued retrospectively during the quarter ending June 30th for services provided in the previous calendar year.

 - b. Performance Improvement Payment: Qualifying independent physician groups will receive a performance improvement payment totaling \$0.68 PMPM. Payments will be issued retrospectively during the quarter ending December 31st for services provided in the previous state fiscal year ending June 30th.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

- (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 (4) above. The current fee schedule was set as of January 1, 2012 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.

TN # 12-008
Supersedes
TN # 11-006

Approval Date _____

Effective Date 01-01-2012

Revision: January 2012

State/Territory: Connecticut

Citation

4.19

(m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program.

1928(c)(2)(C)
(ii) of the Act

(i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.

(ii) The State:

____ sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

____ is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

____ sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

X is a Universal-Select Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine:

\$ 15.05 per immunization.

1926 of the Act

(iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

Continued on next page

TN # 12-008
Supersedes
TN # 94-020

Approval Date _____

Effective Date: 1/1/2012

66(c)

Revision: January 2012

State/Territory: Connecticut

Vaccines for Children Assurances

Connecticut's methodology for satisfying the assurances requirement will include, but may not be limited to, the following:

1. Connecticut is a universal select purchase state as defined by CMS.

TN # 12-008
Supersedes
TN # 94-020

Approval Date _____

Effective Date: 1/1/2012