

## **DEPARTMENT OF SOCIAL SERVICES**

### **Special Notice of Proposed Medicaid State Plan Amendment 13-001**

**Date: February 5, 2013**

On December 26, 2012, the Department issued public notice of its intent to submit a Medicaid State Plan Amendment (SPA) to implement the provisions of Section 2012 of the Affordable Care Act in the Connecticut Law Journal.

The proposed State Plan language is below. This SPA provides reimbursement at 100% of the Medicare rate for eligible pediatric, internal medicine and family medicine providers for calendar years 2013 and 2014. Primary care services eligible for increased payments include currently payable services identified by CPT codes 99201-99499 and vaccine administration codes 90460, 90471-90474 calculated pursuant to 42 C.F.R. § 447.405(b). Effective January 1, 2013, this State Plan Amendment will also amend the fees for vaccine administration provided under the Vaccines for Children program to be the lesser of the maximum regional VFC amount or 100% of the Medicare rates for calendar years 2013 and 2014.

The methodology and payment of the enhanced rate is contingent upon CMS approval. The Department anticipates implementation of all the necessary changes to occur no later than July 1, 2013. All changes will be implemented retroactive to January 1, 2013 dates of service. The Department's agent for processing of claims will automatically identify and reprocess the necessary claims.

#### **The Department has extended the time frame for the submission of comments to February 19, 2013**

Please mail or e-mail your comments to: Ginny Mahoney, Department of Social Services, Medical Policy Unit, 25 Sigourney Street, 11th Floor, Hartford, CT 06106-5033, Telephone: (860) 424-5145, Fax: (860) 424-5799, Email: [ginny.mahoney@ct.gov](mailto:ginny.mahoney@ct.gov). Please reference the SPA TN # 13-001 Primary Care Physicians' Services and Vaccine Administration).

Please find below the original public notice followed by the State Plan language concerning SPA 13-001.

#### **CT Law Journal – December 26, 2012 Notices**

The State of Connecticut Department of Social Services (the "Department") proposes to submit an amendment to the Medicaid State Plan to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services. Effective January 1, 2013, this State Plan Amendment (SPA) will: (1) amend the fees for selected services provided by certain primary care physicians to match 100% of Medicare rates for calendar years 2013 and

2014 and (2) amend the fees for vaccine administration under the Vaccines for Children Program to match 100% of Medicare rates for calendar years 2013 and 2014.

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

Effective January 1, 2013, this State Plan Amendment, Transmittal Number 13-001, will amend the fees for services provided by certain primary care physicians to match 100% of Medicare rates for calendar years 2013 and 2014, calculated pursuant to 42 U.S.C. § 1396a(a)(13)(C) and 42 C.F.R. § 447.405(a). These increased rates will apply to the primary care procedure codes identified pursuant to 42 U.S.C. § 1396a(jj) and 42 C.F.R. § 447.400(c). Primary care physicians identified pursuant to 42 U.S.C. § 1396a(13)(C) and 42 C.F.R. § 447.400(a) will be eligible to receive 100% of the Medicare rates for those primary care services.

Effective January 1, 2013, this State Plan Amendment will also amend the fees for vaccine administration provided under the Vaccines for Children program to match 100% of Medicare rates for calendar years 2013 and 2014, calculated pursuant to 42 C.F.R. § 447.405(b).

### **Fiscal Information – Estimated Annual Change to Federal Medicaid Expenditures**

Pursuant to 42 U.S.C. § 1396d(dd) and 42 C.F.R. § 447.415, during calendar years 2013 and 2014, there will be 100% federal financial participation for the portion of each fee described above that exceeds the payment that would have been made under the approved Medicaid State Plan in effect on July 1, 2009. This SPA's federal fiscal impact for federal fiscal years 2013 and 2014 has not been estimated at this time.

### **Information on Obtaining SPA Language and Submission of Comments**

In accordance with federal requirements governing the Medicaid program, upon request, the Department will provide copies of the proposed amendment to the Medicaid State Plan. In addition, copies of the proposed amendment may be obtained at each of the Department's regional offices and on the Department's web site: <http://www.ct.gov/dss>. Go to "Publications" and then to "Updates."

Mail, telephone, 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, Telephone: (860) 424-5145, Fax: (860) 424-5799, Email: [ginny.mahoney@ct.gov](mailto:ginny.mahoney@ct.gov). Please reference the appropriate SPA heading listed above (e.g., "SPA TN # 13-001 Primary Care Physicians' Services and Vaccine Administration"). Written comments may be submitted to the above address, fax number, or email address until February 19, 2013.

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**Physician's Services – Amount of Minimum Payment – Increased Primary Care Service Payment (42 C.F.R. §§ 447.405, 447.410, 447.415)**

The state reimburses for services provided by physicians meeting the requirements of 42 C.F.R. § 447.400(a) at the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar years 2013 and 2014 or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor. 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.
- 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.
- The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 C.F.R. § 447.405.

Supplemental payment is made:  monthly  quarterly  semi-annually  annually

**Primary Care Services Affected by this Payment Methodology**

- This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.
- The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes).

TN # 13-001  
Supersedes  
TN # New

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99288, 99340, 99358, 99359, 99360, 99366, 99367, 99368, 99375, 99378, 99429, 99441, 99442, 99443, 99444, and 99499.

The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added).

CPT code 99420 was added to the physician fee schedule effective January 1, 2012

**Physician Services – Vaccine Administration**

For calendar years (CYs) 2013 and 2014, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 C.F.R. § 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor.

Medicare Physician Fee Schedule rate

State regional maximum administration fee set by the Vaccines for Children program

Rate using the CY 2009 conversion factor

**Documentation of Vaccine Administration Rates in Effect 7/1/09**

The state uses one of the following methodologies to impute the payment rate in effect at 7/1/09 for code 90460, which was introduced in 2011 as a successor billing code for billing codes 90465 and 90471.

The imputed rate in effect at 7/1/09 for code 90460 equals the rate in effect at 7/1/09 for billing codes 90465 and 90471 times their respective claims volume for a 12 month period which encompasses July 1, 2009. Using this methodology, the imputed rate in effect for code 90460 at 7/1/09 is: \$12.52.

A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code. This 2009 rate is: \_\_\_\_\_.

Alternative methodology to calculate the vaccine administration rate in effect 7/1/09: \_\_\_\_\_

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**Effective Date of Payment**

E & M Services

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014 but not prior to December 31, 2014. 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 January 1, 2013, ending on December 31, 2014 but not prior to December 31, 2014. 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.

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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 – Podiatrists – 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 can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://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 # 13-001**  
**Supersedes**  
**TN # 12-008**

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

**Effective Date 01-01-2013**