

NOTICES OF CONNECTICUT STATE AGENCIES

OFFICE OF POLICY AND MANAGEMENT

Notice of Public Hearing

In accordance with Section 16a-28 of the Connecticut General Statutes, notice is hereby given that the Office of Policy and Management (OPM), in cooperation with the state's nine regional councils of governments (COGs), shall hold public hearings on the revised *Draft 2018-2023 Conservation and Development Policies: The Plan for Connecticut*. For further information on upcoming public hearings, as well as instructions for submitting written comments, please visit OPM's website: <http://www.ct.gov/opm/cdplan>.

SECRETARY OF THE STATE

Notice Regarding Certification of the Connecticut eRegulations System

In accordance with the provisions of section 4-173b(b) of the Connecticut General Statutes, the Secretary of the State hereby certifies that, effective July 1, 2017 the Connecticut eRegulations System, available at eregulations.ct.gov, is technologically sufficient to serve as the official compilation of the Regulations of Connecticut State Agencies and the electronic repository for the regulation-making record.

Persons interested in receiving automatic notices of regulation-making proceedings may sign up at eregulations.ct.gov by selecting the "eReg Alerts" button.

Denise W. Merrill
Secretary of the State

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA) Indian Health Services Tribal Clinic Reimbursement (SPA 17-AB)

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment 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 July 1, 2017, SPA 17-AB will amend Attachment 4.19-B of the Medicaid State Plan to revise the Federally Qualified Health Clinic reimbursement provisions to add an alternative payment methodology for Indian Health

Services (I.H.S.) tribal clinics, pursuant to Section 1902(bb)(6) of the Social Security Act. Payment to I.H.S. clinics will be made in accordance with the most recently published Federal Register notice addressing the I.H.S. Medicaid outpatient encounter rate.

Fiscal Information

Only one I.H.S. clinic is currently enrolled in Medicaid and the clinic has submitted a limited number of claims. Due to the lack of detailed data currently available, the fiscal impact of adding the I.H.S. rate as an alternative payment methodology is not quantifiable at this time. However, it is expected to result in minimal changes to annual aggregate expenditures.

Information on Obtaining SPA Language and Submission of Comments

The proposed SPA is posted on the DSS website at this link: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates”. The proposed SPA may also be obtained at any DSS field office or the Town of Vernon Social Services Department or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: ginny.mahoney@ct.gov or write to: Ginny Mahoney, Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5145, Fax: 860-424-5799). Please reference “SPA 17-AB: Indian Health Services Clinic Reimbursement”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than July 15, 2017.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA) Ambulatory Surgical Center Reimbursement (SPA 17-X)

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

Changes to Medicaid State Plan

Effective on or after July 1, 2017, SPA 17-X will amend Attachment 4.19-B of the Medicaid State Plan in order to revise the Ambulatory Surgical Center fee schedule. Specifically, this SPA adds HCPCS code 41899 (Unlisted procedure, dentoalveolar) to the Ambulatory Surgical Center fee schedule, in order to expand access to dental care. This code will be paid at \$194.73, which is the average of the rate of this service in an outpatient hospital setting.

Fiscal Information

DSS estimates that this SPA will increase aggregate annual expenditures by approximately \$127,000 in State Fiscal Year (SFY) 2018 and \$72,000 in SFY 2019.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates.” The proposed SPA may also be obtained at any DSS field office or the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: ginny.mahoney@ct.gov or write to: Ginny Mahoney, Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5145, Fax: 860-424-5799). Please reference “SPA 17-X: Ambulatory Surgical Center Reimbursement”.

Anyone may send DSS written comments about this SPA. Written comments must be received at the above contact information no later than July 12, 2017.

DEPARTMENT OF SOCIAL SERVICES

**Notice of Proposed Medicaid State Plan Amendment (SPA)
Outpatient Hospital Supplemental Payments for State-Owned
Acute Care Hospitals (SPA 17-Z)**

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

Changes to Medicaid State Plan

Effective on or after July 1, 2017, SPA 17-Z will amend Attachment 4.19-B of the Medicaid State Plan to continue the supplemental payment to the state-owned and operated acute care hospital (John Dempsey Hospital / University of Connecticut Health Center) for the provision of outpatient hospital services to Medicaid members. The payment will be to offset the losses incurred, if any, from the change in outpatient hospital methodology to an ambulatory payment classification (APC) system as approved in SPA 16-0016-A effective July 1, 2016.

Fiscal Impact

This SPA is intended to be cost neutral because total payments (rate and supplemental) would not change relative to the pre-APC period of rate payments only. Annual aggregate expenditures on outpatient hospital services are not anticipated to change.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates”. The proposed SPA may also be obtained at any DSS field office or the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA or to send comments about the SPA, please email: christopher.lavigne@ct.gov or write to: Christopher A. Lavigne, Office of Reimbursement & Certificate of Need, Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105 (Phone: 860-424-5719, Fax: 860-424-4812). Please

reference: SPA 17-Z – “Outpatient Hospital Supplemental Payments for State-Owned Acute Care Hospitals”.

Anyone may send DSS written comments about this SPA. Written comments must be received at the above contact information no later than July 12, 2017.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA) Physician Supplemental Payments for the University of Connecticut’s Physician Group (SPA 17-AA)

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) 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 July 1, 2017, SPA 17-AA will amend Attachment 4.19-B of the Medicaid State Plan to make supplemental payments to the University of Connecticut (UConn) Health Center’s physician group (which is the state-owned physician group that is affiliated with an academic medical center) for physicians’ services provided to Medicaid members. The supplemental payment is anticipated to be based on the difference between the average commercial rate (ACR) and the Medicaid rate for Medicaid physicians’ services. However, if that methodology is unable to fulfill all applicable CMS requirements for the ACR methodology, then DSS intends to calculate payment based on the differential between Medicaid and Medicare rates.

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$10 million in State Fiscal Year (SFY) 2018 and \$10 million in SFY 2019.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates”. The proposed SPA may also be obtained at any DSS field office or the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: christopher.lavigne@ct.gov or write to: Christopher A. Lavigne, Department of Social Services, Office of Reimbursement & Certificate of Need, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5719, Fax: 860-424-4812). Please reference: “SPA 17-AA: Supplemental Payments for the University of Connecticut’s Physician Group”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than July 12, 2017.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

Physician and Independent Radiology Fee Schedule Updates and Electronic Consults for Specialists (SPA 17-V)

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) 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 July 1, 2017, SPA 17-V will amend Attachment 4.19-B of the Medicaid State Plan by updating the fee schedules specified below in the manner described below.

First, this SPA will add Healthcare Common Procedure Coding System (HCPCS) code G0297-low dose CT scan for lung cancer to the physician radiology and independent radiology fee schedules. This code will be priced at \$162.72 for the global fee, \$131.42 for the technical component and \$31.29 for the professional component.

Second, this SPA will revise the pricing for HCPCS code J7301-Levonogestrel-releasing intrauterine contraceptive system, 13.5 mg (which is a code for Skyla, a long-acting reversible contraceptive [LARC] option) on the physician office and outpatient fee schedule. This code will be priced at \$714.70.

Third, this SPA will adjust the rates for mammography services billed under CPT codes 77065-77067 to reimburse at the same rate as the comparable mammography codes G0202-G0206. This change ensures that mammography services have a uniform pricing methodology.

Fourth, this SPA will add the following procedure codes that will be active as of July 1, 2017 and serve to replace existing procedure codes on the physician office and outpatient fee schedule. The reimbursement methodology and rates will remain the same as currently reimbursed under the current applicable procedure code.

| Current Code | Replacement Code | Rate |
|---|---------------------------------------|----------------------------------|
| *J3490 – unclassified biologics | Q9984 – Kyleena | \$858.33 |
| J1725 – injection, hydroxyprogesterone caporate, 1 mg | Q9985 – Inj, hydroxyprogesterone, NOS | Manually priced based on the NDC |
| | Q9986 – Inj, Makena | Manually priced based on the NDC |

* Please note that J3490 will continue to be a valid procedure code for billing other drugs that currently do not have a specific procedure code and are covered under current CT Medicaid policy.

Finally, this SPA will add the electronic specialist consultation codes specified below to the physician office and outpatient fee schedule. These codes pay specialist providers who bill using the physician fee schedule for providing a consultation to a primary care provider. The purpose of these electronic consultations (e-consults) is to give Medicaid members broader, more efficient, and faster access to clinical advice from specialist providers. These e-consults must be requested by a primary care provider (primary care physician, advanced practice registered nurse, or physician assistant) and may be provided by any of the following categories of specialist providers: Geriatric Nurse Practitioner, Pain Medicine, Medical Genetics, Cardiology, Dermatology, Gastroenterology, General Surgery, Geriatric Medicine, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Endocrinology, Hematology, Infectious Diseases, Rheumatology, Developmental-Behavioral Pediatrics, Pediatric Neurodevelopmental Disabilities, Pediatric Cardiology, Pediatric Endocrinology, Pediatric Gastroenterology, Pediatric Nephrology, Pediatric Rheumatology, Pediatric Orthopedic Surgery, Neurology-Special Qualification in Child Neurology, or Pediatric Surgery.

Specifically, this SPA will add the following Common Procedural Terminology (CPT) codes to the physician and outpatient fee schedule to reimburse for e-consults as described above.

| CPT Code | Description | Rate |
|-----------------|---|-------------|
| 99446 | Interprofessional telephone/internet assessment, 5-10 mins | \$13.42 |
| 99447 | Interprofessional telephone/internet assessment, 11-20 mins | \$21.47 |
| 99448 | Interprofessional telephone/internet assessment, 21-30 mins | \$32.50 |
| 99449 | Interprofessional telephone/internet assessment, 31+ mins | \$43.80 |

Fiscal Information

DSS estimates that the fee schedule update portions of this SPA (first three changes described above) will increase annual aggregate expenditures by approximately \$64,000 in State Fiscal Year (SFY) 2018 and \$72,000 in SFY 2019. DSS estimates that the e-consults portion of this SPA will increase annual aggregate expenditures by approximately \$396,000 in SFY 2018 and \$445,000 in SFY 2019.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS web site at this link: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates”. The proposed SPA may also be obtained at any DSS field office or the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: ginny.mahoney@ct.gov or write to: Ginny Mahoney, Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5145, Fax: 860-424-5799). Please reference “SPA 17-V: Physician and Independent Radiology Fee Schedule Updates”.

Anyone may send DSS written comments about this SPA. Written comments must be received at the above contact information no later than July 12, 2017.