

## NOTICES OF CONNECTICUT STATE AGENCIES

---

### DEPARTMENT OF SOCIAL SERVICES

---

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 18-A: Changes to Non-Emergency Medical Transportation (NEMT) Program

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 January 1, 2018, SPA 18-A will amend Attachments 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan to reflect changes in the model of providing Non-Emergency Medical Transportation (NEMT) to Medicaid beneficiaries. DSS will maintain a broker model for the provision of NEMT services, but will change the reimbursement methodology from a fee-for-service approach using a published fee schedule to an at-risk model, using a per member per month (PMPM) rate. Reimbursement for non-emergency ambulance services will be outside of the PMPM rate. Rates for non-emergency ambulance will not change under this SPA. The goal of this change is to engage high quality local transportation providers and use publicly available transportation to enable members who need assistance getting to Medicaid services in the most appropriate, timely manner.

The new transportation model will maintain the traditional modes of fulfilling the NEMT requirement, but will include the addition of Independent-Driver Providers (IDPs). The IDPs will allow the NEMT broker to quickly increase capacity, respond and react to urgent and unanticipated trips. The new model will also incorporate modern technology, including GPS tracking on a driver application available from the new broker.

#### **Fiscal Impact**

Based on available information, DSS estimates that this SPA will be cost-neutral and will not have an impact on Medicaid expenditures in state fiscal year (SFY) 2018 and SFY 2019.

#### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office, at 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: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-A: Changes to Non-Emergency Medical Transportation Program”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2018.

---

**DEPARTMENT OF SOCIAL SERVICES**  
**Notice of Proposed Medicaid State Plan Amendment (SPA)**

---

SPA 18-B: Physician Reimbursement – HIPAA Update, PCMH Program Updates, and Physician Radiology Update

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 January 1, 2018, SPA 18-B will amend Attachment 4.19-B of the Medicaid State Plan as described below. This SPA will incorporate the 2018 Healthcare Common Procedure Coding System (HCPCS) (additions, deletions and description changes) to the physician anesthesia, office and outpatient, physician radiology and surgical fee schedules. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. DSS is making these changes to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

This SPA also implements the following updates to the Person-Centered Medical Home (PCMH) program. This SPA updates the methodology for calculating the PCMH fee-for-service rate add-on amounts to reflect the National Committee for Quality Assurance (NCQA) removal of individual levels of Patient-Centered Medical Home recognition for its 2017 standards. Specifically, any eligible PCMH provider who meets the 2017 NCQA standards will be eligible to receive 124% of the applicable fee for each specified code. More information about the PCMH program is available at this link: <http://huskyhealthct.org/providers/pcmh.html#>.

This SPA also updates the procedure codes eligible for the PCMH program fee-for-service rate add-ons. The following codes are eligible for the PCMH enhanced reimbursement rates for dates of service January 1, 2018 and forward (in addition to the codes already eligible for the enhanced reimbursement rates):

- 96160\* – Administration and interpretation of patient-focused health risk assessment
- 96161\* – Administration and interpretation of caregiver-focused health risk assessment
- 96127 – Brief emotional or behavioral assessment
- 99188 – Application of topical fluoride

\* The national code set deleted code 99420 (which is also being deleted from the PCMH language in the Medicaid State Plan by this SPA) and replaced it with codes 96160 and 96161.

Lastly, this SPA updates the reimbursement rates for select services on the physician-radiology fee schedule to ensure these rates are consistent with the standard

reimbursement methodology of 57.5% of the 2007 Medicare fee schedule (or first applicable year thereafter that the code was priced by Medicare). Specifically, all codes in that fee schedule that were previously priced using a different methodology were changed to reflect this methodology. In addition, the technical and professional components of codes were removed for codes where Medicare does not list separate prices for the technical and professional components.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

### **Fiscal Impact**

DSS estimates that the HIPAA compliant updates will increase annual aggregate expenditures by approximately \$84,000 in State Fiscal Year (SFY) 2018 and approximately \$208,000 in SFY 2019.

DSS estimates that the update to the physician-radiology fee schedule will increase annual aggregate expenditures by approximately \$8,000 in SFY 2018 and approximately \$21,000 in SFY 2019.

DSS estimates that updating the procedure codes eligible for PCMH enhanced reimbursement will reduce annual aggregate expenditures by approximately \$43,000 in SFY 2018 and \$85,000 in SFY 2019. It is not possible to estimate the anticipated fiscal impact of the other PCMH program change at this time.

### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office, at 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: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-B: Physician Reimbursement – HIPAA Update, PCMH Program Updates, and Physician Radiology Update”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2018.

---

## **DEPARTMENT OF SOCIAL SERVICES**

---

### **Notice of Proposed Medicaid State Plan Amendment (SPA)**

**SPA 18-C: Audiology and Speech & Language Pathology, Physical and Occupational Therapies – HIPAA Billing Code and Reimbursement Update**

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 January 1, 2018, SPA 18-C will amend Attachment 4.19-B of the Medicaid State Plan to incorporate the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the Audiology and Speech & Language Pathology, Physical and Occupational Therapies fee schedules. The Department is making these changes to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). New codes are being priced in accordance with the same methodology as existing codes priced at 57.5% of the 2018 Medicare physician fee schedule.

In addition to the HIPAA compliant update, the Department is also adding code 97127 (Development of cognitive skills, 15 min.) to those fee schedules, which is being priced at \$16.46. It is necessary to add this in order to ensure the fee schedules incorporate medically necessary services rendered in that setting.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

### **Fiscal Information**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$111,000 in State Fiscal Year (SFY) 2018 and \$27,000 in SFY 2019.

### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office, at 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: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-C: Audiology and Speech & Language Pathology, Physical and Occupational Therapies – HIPAA Billing Code and Reimbursement Update”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2018.

---

## **DEPARTMENT OF SOCIAL SERVICES**

---

### **Notice of Proposed Medicaid State Plan Amendment (SPA)**

#### **SPA 18-D: Independent Radiology and Independent Laboratory – HIPAA Billing Code and Reimbursement Update**

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 January 1, 2018, SPA 18-D will amend Attachment 4.19-B of the Medicaid State Plan to incorporate the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the Independent Radiology and Independent Laboratory fee schedules to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA), all as described below. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category.

#### **Independent Radiology**

This SPA does not make any additional changes to reimbursement for independent radiology services other than the HIPAA update described above.

#### **Independent Laboratory**

In addition to the HIPAA update described above, this SPA makes the following additional changes to reimbursement for independent laboratory services. The following codes will be removed from the current Independent Laboratory fee schedule:

- 86910 – Blood typing, for paternity testing, per individual, ABO, Rh and MN
- 86911 – Blood typing, for paternity testing, per individual, ABO, Rh and MN, each additional antigen system

The 79 codes that were not priced by Medicare on its 2017 Independent Laboratory fee schedule but are newly being priced by Medicare for 2018 are being priced at 70% of the 2018 Medicare fee schedule.

In order to ensure ongoing compliance with federal law at section 1903(i)(7) of the Social Security Act, the rates for the following two codes have been adjusted to 70% of 2018 Medicare rates:

- 81223 – CTFR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants
- 81220 – CTFR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg. ACMG/ACOG guidelines)

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

#### **Fiscal Impact**

DSS estimates that this SPA will reduce annual aggregate expenditures for independent radiology services by approximately \$4,000 in State Fiscal Year (SFY) 2018 and \$11,000 in SFY 2019.

DSS estimates that this SPA will increase annual aggregate expenditures for independent laboratory services by approximately \$104,000 in SFY 2018 and \$258,000 in SFY 2019.

#### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office,

at 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: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference ‘‘SPA 18-D: Independent Radiology and Independent Laboratory – HIPAA Billing Code and Reimbursement Update’’.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2018.

---

## DEPARTMENT OF SOCIAL SERVICES

---

### Notice of Proposed Medicaid State Plan Amendment (SPA)

#### SPA 18-H: Dental Services for Adults – Annual Financial Coverage Limit

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**

As required by state law in subsection (a) of section 17b-282c of the Connecticut General Statutes, as amended by section 49 of Public Act 17-2 of the June 2017 Special Session, effective on or after January 1, 2018, SPA 18-H will amend Attachments 3.1-A and 3.1-B of the Medicaid State Plan to implement an annual financial coverage limit for adult dental services. Specifically, as required by that state statute, payment for non-emergency dental services for adults age twenty-one and older shall not exceed one thousand dollars per calendar year for an individual adult, except that limit may be exceeded by prior authorization based on medical necessity (for all applicable medically necessary services, including, but not limited to, dentures). Unless otherwise authorized by prior authorization based on medical necessity, services provided in excess of that limit are not covered and will not be reimbursed by Connecticut’s Medicaid program.

This SPA imposes only a coverage limitation as described above but does not change the reimbursement methodology for dental services. In addition to being necessary to comply with the state law referenced above, this SPA also conforms to similar limits in place in various commercial dental insurance plans and is designed to reduce unnecessary utilization while also ensuring that coverage remains for medically necessary services.

#### **Fiscal Impact**

DSS estimates that this SPA will reduce annual aggregate expenditures by approximately \$958,000 in State Fiscal Year (SFY) 2018 and approximately \$2.46 million in SFY 2019.

#### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on

“Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office, at 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: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) and [Donna.Balaski@ct.gov](mailto:Donna.Balaski@ct.gov) or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-H: Dental Services for Adults – Annual Financial Coverage Limit”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2018.

---

## DEPARTMENT OF SOCIAL SERVICES

---

### Notice of Proposed Medicaid State Plan Amendment (SPA)

#### SPA 18-I: HIPAA Billing Code and Reimbursement Update – Dental Services

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 January 1, 2017, SPA 18-I will amend Attachment 4.19-B of the Medicaid State Plan to revise the dental fee schedules for dental services provided to children and adults. These revisions incorporate the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category.

In addition, this SPA also adds code D1354, which applies only to children under 6 years of age and special needs populations and will require prior authorization. Code D1354 will be priced at \$28.42 per child per arch and \$15.08 for adults per arch. CPT codes 88305 and 88307 are also being added to the dental fee schedule. The fee for code 88305 is \$35.42 for children and adults. The fee for code 88307 is \$62.71 for children and adults.

Connecticut Medical Assistance Program fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

#### **Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$130,000 in State Fiscal Year (SFY) 2018 and approximately \$319,000 in SFY 2019.

#### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on

“Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office, at 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: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) and [Donna.Balaski@ct.gov](mailto:Donna.Balaski@ct.gov) or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-I: HIPAA Billing Code and Reimbursement Update – Dental Services”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above email addresses or U.S. Postal address no later than January 10, 2018.

---

## DEPARTMENT OF SOCIAL SERVICES

---

### Notice of Proposed Medicaid State Plan Amendment (SPA)

#### SPA 18-J: Person-Centered Medical Home Plus (PCMH+) Program Wave 2

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 January 1, 2018, this SPA will amend Attachment 4.19-B of the Medicaid State Plan in order to continue the implementation of PCMH+ after January 1, 2018 and also to extend the care coordination add-on payments for PCMH+ Wave 1 Participating Entities that are FQHCs from January 1, 2018 through March 31, 2018. The PCMH+ program is in the Medicaid State Plan as an Integrated Care Model within section 1905(a)(29) of the Social Security Act (Act), which is the Medicaid benefit category for “any other medical care, and any other type of remedial care recognized under State law, specified by the [HHS] Secretary.” PCMH+ involves shared savings payments and care coordination add-on payments for primary care case management (PCCM) services, as defined by section 1905(t) of the Act.

This SPA will also update the reimbursement methodology to use expenditure and quality measurement using benchmarks other than a comparison group. As part of that change, various other elements of the shared savings calculation methodology are also being updated.

This SPA is also adjusting the attribution timing for purposes of assigning Medicaid members to PCMH+ Participating Entities, all as described in more detail in the SPA pages. Specifically, for the calendar year 2018 performance year assignment will be based on attribution measured in March 2018 and for subsequent years based on attribution measured before the end of the previous calendar year. In addition, if a PCMH+ member temporarily loses eligibility for Medicaid but is retroactively reinstated so that there is no gap in continuous eligibility, then each Participating Entity that is an FQHC will receive care coordination add-on payments for such members for all months of continuous eligibility, including the retroactively rein-



stated months, but only if the eligibility is restored not later than 120 days after temporarily losing coverage.

This SPA will also amend Attachments 3.1-A and 3.1-B of the Medicaid State Plan to make updates to the quality measures that are used to determine PCMH+ Participating Entities' quality performance, which is a component of the individual pool and challenge pool shared savings calculation methodologies.

The purpose of this SPA is to continue implementation of the PCMH+ program and further the program's overall goals of building upon the DSS PCMH program to further improve health outcomes and care experience for Medicaid members.

#### **Fiscal Impact**

Based on the information that is available at this time, DSS estimates that annual aggregate expenditures for Care Coordination Add-On PMPM payments to Participating Entities that are FQHCs will total approximately \$5.25 million for calendar year 2018 and approximately \$5.75 million for calendar year 2019.

It is not possible to predict the amount of shared savings payments that may be paid because such payments will be based on Medicaid expenditures, quality measures, and measures of under-service for dates of service in each of calendar years 2018 and 2019.

#### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on "Publications" and then click on "Updates." Then click on "Medicaid State Plan Amendments". The proposed SPA may also be obtained at any DSS field office, at 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: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference "SPA 18-J: Person-Centered Medical Home Plus (PCMH+) Program Wave 2".

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2018.

---

### **Department of Social Services**

---

#### **Notice of Proposed Medicaid State Plan Amendment (SPA)**

**SPA 18-L: Reductions and Adjustments to Payment for Durable Medical Equipment (DME) to Remain Compliant with Federal Law**

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 January 1, 2018, SPA 18-L will amend Attachment 4.19-B of the Medicaid State Plan in order to reduce and adjust the payment methodology

for DME in order to comply with federal law at 42 U.S.C. § 1396b(i)(27), also codified as section 1903(i)(27) of the Social Security Act, as amended by section 5002 of the 21<sup>st</sup> Century Cures Act, Public Law No. 114-255.

Accordingly, in order to comply with that federal law, this SPA proposes to reduce reimbursement to certain DME procedure codes, adjust the payment methodology for certain DME items, or a combination thereof as necessary to ensure that the amount paid by Connecticut's Medicaid program for specified DME items is not in excess of the aggregate amount that Medicare Part B would have paid for the same applicable DME items, incorporating the amounts that Medicare would have paid under its Competitive Bidding Program for applicable items and geographic areas.

In making these changes, DSS will ensure that rates and payment methodologies comply with all applicable law.

#### **Fiscal Impact**

DSS is unable to estimate the fiscal impact at this time. In order to ensure compliance with the federal law referenced above, the aggregate fiscal impact will be to reduce annual aggregate expenditures by at least the difference between Connecticut's Medicaid Program would have paid for specified DME items and what Medicare Part B would have paid for those items, incorporating applicable Medicare DME competitive bidding. Based on initial estimates, it is estimated that this SPA will reduce annual aggregate expenditures by at least approximately \$1.9 million.

#### **Compliance with Federal Access Regulations**

In accordance with federal regulations at 42 C.F.R. §§ 447.203 and 447.204, DSS is required to ensure that there is sufficient access to Medicaid services, including services where payment rates are proposed to be reduced or where payment rates or methodologies are being restructured in a manner that may affect access to services. Those federal regulations also require DSS to have ongoing mechanisms for Medicaid members, providers, other stakeholders, and the public to provide DSS with feedback about access. In addition to other available procedures, anyone may send DSS comments about the potential impact of this SPA on access to DME services as part of the public comment process for this SPA. Contact information and the deadline for submitting public comments are listed below.

#### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on "Publications" and then click on "Updates." Then click on "Medicaid State Plan Amendments". The proposed SPA may also be obtained at any DSS field office, at 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: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference "SPA 18-L: Reductions and Adjustments to Payment for Durable Medical Equipment (DME) to Remain Compliant with Federal Law".

Anyone may send DSS written comments about this SPA, including comments about access. Written comments must be received by DSS at the above contact information no later than January 25, 2018.

---

### **Department of Social Services**

---

#### Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 18-N: Private Psychiatric Hospital Pay-for-Performance Program for Services Provided to Children

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 February 1, 2018, as described below, SPA 18-N will amend Attachment 4.19-A of the Medicaid State Plan to implement a pay-for-performance program for inpatient hospital services provided to children under age twenty-one at any private psychiatric hospital in Connecticut, which is currently only Natchaug Hospital (the “hospital”). The performance year for year 1 includes dates of service from February 1, 2018 through December 31, 2018 and year 2 includes dates of services from January 1, 2019 through December 31, 2019.

Specifically, payments would be paid out on a schedule set forth in the SPA based on the hospital’s performance on specified performance metrics. The performance metrics include:

1. Average Length of Stay (ALOS).
2. Re-Admission to any hospital for psychiatric reasons within seven days of discharge from the hospital.
3. Re-Admission to any hospital for psychiatric reasons within thirty days of discharge from the hospital.
4. Connect to Next Lower Level of Care (CTC): within seven days of discharge from the hospital.
5. Connect to Next Lower Level of Care (CTC): within thirty days of discharge from the hospital.
6. Patient Satisfaction: The hospital must implement a patient satisfaction survey under this model using a standardized patient survey instrument.

The hospital must meet the performance metrics thresholds outlined in the SPA in order to receive the payment. Outlier lengths of stay will be excluded in accordance with the methodology detailed in the SPA. There are two types of outcome thresholds, both of which are detailed in the SPA: (1) outcomes to receive 100% of the quarterly performance payment and (2) outcome measures to receive 50% of the quarterly performance payment. If the hospital does not meet the 50% threshold for any outcome measure, no payment is awarded for that measure. Any balance based on not meeting performance measures will not be distributed.

**Fiscal Impact**

DSS estimates that this SPA will increase aggregate expenditures (state and federal share combined) by up to \$500,000 annually for each of the two performance years described above, although the timing of certain payments will occur after the performance year in order to enable measurement of available data during each applicable performance period.

**Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office, at 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: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-N: Private Psychiatric Hospital Pay for Performance Program for Services Provided to Children”.

Anyone may send DSS written comments about the SPA. Written comments must be received by DSS at the above contact information no later than January 26, 2018.

---

**Department of Social Services**

---

**Notice of Proposed Medicaid State Plan Amendment (SPA)**

SPA 18-O: Clarification of Description of Payment Methodology for Disproportionate Share Hospital (DSH) Payments

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 February 1, 2018, SPA 18-O will amend Attachment 4.19-A of the Medicaid State Plan to revise the language in the DSH sections in order to add more detail to clarify the existing description of the payment methodology. The payment methodologies are not being changed. This SPA adds clarifying details to the description of DSH payments and removes obsolete language, all as detailed in the SPA pages. In particular, this SPA adds detail to the description of the payment methodology for DSH payments that are funded using a certified public expenditure (CPE).

**Fiscal Impact**

Because this SPA simply adds clarifying details to the existing description of the DSH payment methodology but does not change the payment methodology, this SPA will not change annual aggregate expenditures.

### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office, at 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: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-O: Clarification of Description of Payment Methodology for Disproportionate Share Hospital (DSH) Payments”.

Anyone may send DSS written comments about the SPA. Written comments must be received by DSS at the above contact information no later than January 26, 2018.

---

## **DEPARTMENT OF SOCIAL SERVICES**

---

### **Notice of Proposed Medicaid State Plan Amendment (SPA)**

SPA 18-E: Dialysis, Family Planning, Medical, and Rehabilitation Clinics – HIPAA Billing Code and Reimbursement Update

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 January 1, 2018, SPA 18-E will amend Attachment 4.19-B of the Medicaid State Plan in order to revise the DSS fee schedules for the following Clinics: Dialysis, Family Planning, Medical, and Rehabilitation Clinics. This SPA incorporates the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to these fee schedules to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA), all as described below. Unless otherwise specified below, codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. Additional changes for each clinic category are described in more detail below.

#### **Dialysis Clinic**

Additional to the overall HIPAA changes, the following code (90945-Dialysis procedure other than hemodialysis (e.g. Peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), single evaluation by a physician or other qualified health care professional) is being added to the Dialysis Clinic fee schedule.

#### **Family Planning Clinics**

The following code (90756- Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage for intramuscular)

is being added to the Family Planning Clinic fee schedule in order to ensure that the fee schedule remains HIPAA compliant.

The following services are also being added to the family planning clinic fee schedule in order to accurately reflect the services rendered in the family planning setting. The codes include the following:

- 87880 – Streptococcus, group A.
- 87804 – Influenza93000-Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
- 94150 – Vital capacity, total (separate procedure)
- 94640 – Pressurized or non-pressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such a sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device
- 96127 – Brief emotional/behavioral assessment (e.g. Depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
- 99152 – Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older
- 99156 – Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older

#### Medical Clinics

Additional to the overall HIPAA changes, the following code (90756- Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage for intramuscular) is being added to the Medical Clinic fee schedule in order to ensure that the fee schedule remains HIPAA compliant.

#### Rehabilitation Clinics

This SPA does not make any additional changes to reimbursement for rehabilitation clinic services other than the HIPAA update described above.

All fee schedules (including for all clinic types referenced above) are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

#### **Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures for each of the referenced types of clinics by relatively modest amounts in each of State Fiscal Year (SFY) 2018 and SFY 2019.

#### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on

“Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office, at 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: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-E: Dialysis, Family Planning, Medical, and Rehabilitation Clinics – HIPAA Billing Code and Reimbursement Update”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2018.

---

## DEPARTMENT OF SOCIAL SERVICES

---

### Notice of Proposed Medicaid State Plan Amendment (SPA)

#### SPA 18-P: Ambulatory Surgical Center Services – HIPAA Billing Code and Reimbursement Update

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 January 1, 2018, SPA 18-P will amend Attachment 4.19-B of the Medicaid State Plan in order to revise the DSS fee schedule for Ambulatory Surgical Centers, which is within the clinic benefit category section of the Medicaid State Plan. This SPA incorporates the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to ensure this fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA). Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category.

All fee schedules (including the ASC clinic fee schedule) are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

#### **Fiscal Impact**

DSS estimates that this SPA will not have an impact on annual aggregate expenditures.

#### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS website at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office,

at 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: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-P: Ambulatory Surgical Center Services – HIPAA Billing Code and Reimbursement Update”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2018.

---

### **Department of Social Services**

---

#### Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 18-Q: Clarifying Updates to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults Regarding Other Medical Care and Other Types of Remedial Care Recognized Under State Law, Specified by the Secretary, Including Person-Centered Medical Home Plus (PCMH+) and Addition of Dental Coverage Limit

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), which will amend the Alternative Benefit Plan (ABP) at Attachment 3.1-L of the Medicaid State Plan.

The ABP is the benefit package that, effective January 1, 2014, is being provided to the Medicaid low-income adult population under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (also known as HUSKY D). Pursuant to section 2001 of the Affordable Care Act, effective January 1, 2014, Connecticut expanded Medicaid eligibility to low-income adults with incomes up to and including 133% of the federal poverty level. The expanded coverage group is referred to as Medicaid Coverage for the Lowest-Income Populations.

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

Effective on or after January 1, 2018, SPA 18-Q amends the ABP (Attachment 3.1-L of the Medicaid State Plan) in order to make the following clarifying updates. Specifically, this SPA adds language to confirm that the ABP for HUSKY D Medicaid members continues to reflect the same coverage as described in the underlying State Plan (Attachments 3.1-A and 3.1-B) regarding the benefit category described in section 1905(a)(29) of the Social Security Act, Other Medical Care and Other Types of Remedial Care Recognized Under State Law, Specified by the Secretary. Although the ABP was designed to align completely with the underlying State Plan when it was first established effective January 1, 2014 (and therefore, to include coverage of all categories of service within that benefit category), in addition to the ABP itself indicating that it was fully aligning with the underlying State Plan, specific references to that benefit category was inadvertently omitted from the initial ABP as written and is being added to clarify that those services are also included in the ABP, as was originally intended. The specific services included in that benefit category are all described in detail in Attachments 3.1-A and 3.1-B.



Among those services includes the Person-Centered Medical Home Plus (PCMH+) program, which is described in Attachments 3.1-A and 3.1-B within that benefit category and includes primary care case management services as defined in section 1905(t) of the Social Security Act, including the care coordination services described in Attachments 3.1-A and 3.1-B.

In addition to the clarifying updates described immediately above, this SPA also adds the description of the annual financial coverage limitation for dental services provided to adults in the Dental Services (for Adults) within Essential Health Benefit 1 – Ambulatory Patient Services. This limit aligns with SPA 18-H, which establishes the limit in Attachments 3.1-A and 3.1-B of the Medicaid State Plan and provides, effective January 1, 2018, for an annual financial coverage limit for dental services provided to adults age twenty-one and over to a maximum of \$1,000 per calendar year for non-emergency dental services, which can be exceeded with prior authorization based on medical necessity.

This SPA will not make any other changes to the ABP than as described above, which will continue to reflect the same coverage in the ABP for HUSKY D Medicaid members as in the underlying Medicaid State Plan. Accordingly, the ABP will continue to provide full access to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to beneficiaries under age twenty-one. This includes informing them that EPSDT services are available and of the need for age-appropriate immunizations. The ABP also provides or arranges for the provision of screening services for all children and for corrective treatment as determined by child health screenings. These EPSDT services are provided by the DSS fee-for-service provider network. EPSDT clients are also able to receive any additional health care services that are coverable under the Medicaid program and found to be medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered in Connecticut’s Medicaid State Plan.

Likewise, this SPA will not make any changes to cost sharing for the services provided under the ABP. Connecticut does not currently impose cost sharing on Medicaid beneficiaries. Because there are no Medicaid cost sharing requirements for Connecticut beneficiaries, no exemptions are necessary in order to comply with the cost sharing protections for Native Americans found in section 5006(e) of the American Recovery and Reinvestment Act of 2009.

#### **Fiscal Impact**

This SPA will not change annual aggregate expenditures.

#### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office, at 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: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-Q: Clarifying Updates to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults”.

Anyone may send DSS written comments about this SPA, including comments about access. Written comments must be received by DSS at the above contact information no later than January 25, 2018.

---