NOTICES OF CONNECTICUT STATE AGENCIES

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, Additional Medical Equipment, Devices and Supplies (MEDS) Reimbursement Reductions, and Pricing for Code K0108

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

A. DME Changes Necessary to Comply with Federal Law

Effective on or after April 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 21st Century Cures Act, Public Law No. 114-255. That federal law limits federal Medicaid matching funds only for specified total DME expenditures that, in the aggregate, do not exceed the 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.

This public notice updates and supersedes the public notice for this SPA that was previously published in the Connecticut Law Journal on December 26, 2017.

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 with the purpose of ensuring 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. Based on the information and analysis that is currently available, DSS anticipates that this SPA will primarily include the following changes to the DME fee schedule:

1. This SPA will decrease reimbursement amounts to various categories of procedure codes on the DME fee schedule to 100% of the lowest applicable Medicare fee (including Medicare competitive bid pricing for codes that are part of that program).

2. This SPA will decrease reimbursement amounts to various categories of procedure codes on the DME fee schedule to a percentage to be determined that is lower

than 100% of the lowest applicable Medicare fee (including Medicare competitive bid pricing for codes that are part of that program).

Fee schedules are published at this link: http://www.ctdssmap.com, then select ''Provider'', then select ''Provider Fee Schedule Download.'' DSS will also be sending providers a provider bulletin to describe the changes in more detail.

B. Additional MEDS Reimbursement Reductions

In addition to making changes necessary to comply with the federal law described above, this SPA will also reduce the fee by 6% for most codes on the MEDS fee schedules (including the DME, orthotics and prosthetics, hearing aids, and medical surgical supplies fee schedules) that are not priced by Medicare or are not covered by Medicare.

Fee schedules are published at this link: http://www.ctdssmap.com, then select ''Provider'', then select ''Provider Fee Schedule Download.'' DSS will also be sending providers a provider bulletin to describe the changes in more detail.

C. Changes to Pricing Methodology for Certain Miscellaneous Custom Wheelchair Components Billed Under Procedure Code K0108

This SPA will also change pricing methodology for certain miscellaneous custom wheelchair components bulled under procedure code K0108 (wheelchair component or accessory, not otherwise specified). DSS has established set fees for certain miscellaneous custom wheelchair components billed under procedure code K0108 in an effort to improve clarity and establish a uniform pricing methodology. The list of components will be posted on the Connecticut Medical Assistance Program's (CMAP) Web site at http://www.huskyhealthct.org. Please select ''Provider Home'' then select ''Medical Management'' then select ''Policies, Procedures & Guidelines''. Scroll down to the file titled ''Established fees for certain miscellaneous custom wheelchair components billed under procedure code K0108''.

Fiscal Information

Based on the analysis and information that is currently available, DSS estimates that the portions of this SPA that are described in sections A and B above will collectively reduce annual aggregate expenditures by approximately $13 million during the twelve-month period from April 1, 2018 through March 31, 2019 and a similar amount in the following twelve-month period.

DSS is unable to estimate the fiscal impact for the portion of this SPA described in section C above because procedure code K0108 because it is a miscellaneous wheelchair component code and is currently unquantifiable due to lack of detailed data and because miscellaneous wheelchair components are bundled together under code K0108 on prior authorization documents.

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 MEDS

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 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, Additional Medical Equipment, Devices and Supplies (MEDS) Reimbursement Reductions, and Pricing for Code K0108''.

Anyone may send DSS written comments about this SPA, including comments about access to the services for which this SPA proposes to reduce rates or restructure payments in a manner that could affect access. Written comments must be received by DSS at the above contact information no later than March 29, 2018.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 18-M: Medical Equipment, Devices and Supplies (MEDS) Fee Schedule 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 March 1, 2018, SPA 18-M will amend Attachment 4.19-B of the Medicaid State Plan in order to incorporate several of the 2018 Healthcare Common Procedure Coding System (HCPCS) (additions, deletions and description changes) to the Medical Equipment, Devices and Supplies (MEDS) fee schedules. DSS is making these changes to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). For codes with established Medicare fixed fees, the newly added codes are being priced at 85% of the applicable Medicare fee, consistent with other codes in the fee schedule. For code E0953, the fee is $80.32. For code E0954, the fee is $85.00.

In addition, this SPA will change the quantities that are allowed per month without prior authorization for several medical surgical supply procedure codes. A provider bulletin has been issued to MEDS providers, which contains more details on the procedure codes affected and the revised quantities. If additional units are medically necessary, these may be reimbursed with prior authorization (PA).

Finally, this SPA discontinues certain procedure codes from the fee schedule. The following procedure codes are being discontinued effective March 1, 2018:

A6020	E1092	E1093	E1100	E1110
E1140	E1150	E1160	E1221	E1222
E1223	E1224	E1227	E1228	E1230
E1231	E1240	E1250	E1270	E1280
E1285	E1290	E1295	E1296	E1297
E1298	K0284	L3835		

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 the fee changes associated with this SPA are not anticipated to have any significant impact on annual aggregate expenditures. However, the change in the quantities of specified services that are allowed without prior authorization are projected to decrease annual aggregate expenditures by approximately $21,000 in State Fiscal Year (SFY) 2018 and approximately $86,000 in SFY 2019.

Obtaining SPA Language and Submitting Comments

The proposed 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 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-M: Medical Equipment, Devices and Supplies (MEDS) Fee Schedule 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 March 14, 2018.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 18-R: Updated Payment Methodology for Physician-Administered Drugs, Immune Globulins, Vaccines and Toxoids

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 March 1, 2018, SPA 18-R will amend Attachment 4.19-B of the Medicaid State Plan to update the reimbursement methodology for physician-administered drugs, immune globulins, vaccines and toxoids. Specifically, the methodology will be revised to 100% of the January 2018 Medicare Average Sales Price (ASP) Drug Pricing file.

For procedure codes that are not priced on the January 2018 Medicare ASP Drug Pricing File and procedure codes that are described as ''unclassified'', the drug will be priced at the lowest of:

- The usual and customary charge to the public or the actual submitted ingredient cost;
- The National Average Drug Acquisition Cost (NADAC) established by the Centers for Medicare and Medicaid Services;
- The Affordable Care Act Federal Upper Limit (FUL); or
- Wholesale Acquisition Cost (WAC) plus zero (0) percent when no NADAC is available for the specific drug.

This update applies to physician administered drugs (J- procedure codes and select A-, Q- and S- procedure codes), immune globulin (procedure codes 90281 – 90399), and vaccines and toxoids (procedure codes 90581 – 90748) that are listed as payable on each of the following fee schedules:

- physician office and outpatient;
- medical clinic;
- family planning clinic;
- dialysis clinic; and
- free-standing behavioral health clinic.

Fee schedules are published at this link: http://www.ctdssmap.com, then select ''Provider'', then select ''Provider Fee Schedule Download.'' This SPA is necessary in order to comply with federal requirements regarding the reimbursement for drugs provided in the settings described above.

Fiscal Information

DSS estimates that this SPA will increase annual aggregate expenditures by approximately $226,000 in State Fiscal Year (SFY) 2018 and $700,000 in SFY 2019.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this 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 or write to: Department of Social Services, Med-

ical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference ''SPA 18-R: Updated Payment Methodology for Physician-Administered Drugs, Immune Globulins, Vaccines and Toxoids''.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than March 14, 2018.

Department of Social Services

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 18-S: Inpatient Hospital Supplemental Payment for Private Psychiatric Hospital 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 April 1, 2018, SPA 18-S will amend Attachment 4.19-A of the Medicaid State Plan to implement a one-time $250,000 supplemental payment for inpatient hospital services provided to children under age twenty-one at any private psychiatric hospital in Connecticut, which is currently only Natchaug Hospital for the period from April 1, 2018 through June 30, 2018.

Fiscal Impact

This SPA will increase aggregate expenditures (state and federal share combined) by $250,000 in State Fiscal Year 2018.

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 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-S: SPA 18-S: Inpatient Hospital Supplemental Payment for Private Psychiatric Hospital 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 March 29, 2018.
