NOTICE OF CONNECTICUT STATE AGENCIES

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 22-B: Physician and Audiology Services – HIPAA Compliance Fee Schedule Updates and Changes to Select Manually Priced Codes

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, 2022, SPA 22-B will amend Attachment 4.19-B of the Medicaid State Plan to make the updates to the payment for physician services described below.

First, this SPA will incorporate various January 2022 federal Healthcare Common Procedural Coding System (HCPCS) updates (additions, deletions and description changes) to the physician office and outpatient, physician-radiology, physician anesthesia, physician-surgery and audiology 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).

Second, in accordance with the existing federally approved methodology for physician-administered drugs in the Medicaid State Plan, this SPA will update the reimbursement methodology to 100% of the January 2022 Medicare Average Sales Price (ASP) Drug Pricing file for physician-administered drugs, immune globulins, vaccines, and toxoids.

For procedure codes that are not priced on the January 2022 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 CMS;
- 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.

Lastly, several procedure codes that are currently manually priced listed on the physician office and outpatient fee schedule, physician radiology and physician surgery fee schedule (specifically, codes 66987, 66988, 76499, 77520, 77522, 77522, 77523, 77525, 92229 and 92650) will be priced at 57.5% of the 2022 Medicare physician fee schedule.

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

Fiscal Impact

DSS does not anticipate that the HIPAA compliant updates to the physician office and outpatient, physician radiology, physician anesthesiology, and audiology fee schedules will have any significant changes in annual aggregate expenditures.

DSS estimates that the HIPAA compliance changes will increase annual aggregate expenditures for physician surgery by approximately $22,498 in State Fiscal Year (SFY) 2022 and $55,614 in SFY 2023.

DSS estimates that updating the physician-administered drugs to the January 2022 Medicare ASP Drug Pricing File, will increase aggregate expenditures by approximately $4,302 in SFY 2022 and $10,715 in SFY 2023.

DSS does not anticipate that the changes to several procedure codes listed on the physician office and outpatient fee schedule, physician radiology and physician surgery fee schedules will have any significant fiscal impact in annual aggregate expenditures.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: https://portal.ct.gov/DSS/Health-And-Home-Care/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. Please reference ''SPA 22-B: Physician and Audiology Services – HIPAA Compliance Fee Schedule Updates and Changes to Select Manually Priced Codes''.

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 12, 2022.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 22-C: Independent Radiology and Independent Laboratory – HIPAA Compliance Fee Schedule Updates

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, 2022, SPA 22-C will amend Attachment 4.19-B of the Medicaid State Plan to incorporate the 2022 Healthcare Common Procedural Cod-

ing System (HCPCS) changes (additions, deletions, and description changes) to the independent radiology and independent laboratory fee schedules. 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 establishes fixed fees for certain laboratory codes that were previously manually priced because Medicare recently established fees for those codes. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category based on available information. The purpose of that change is to establish more consistent pricing for those codes.

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

Fiscal Impact

DSS estimates the changes to independent radiology services will not affect annual aggregate expenditures in State Fiscal Year (SFY) 2022 and SFY 2023.

DSS estimates the changes to the independent laboratory services, will increase annual aggregate expenditures by approximately $20,753 in SFY 2022 and $32,064 for SFY 2023.

Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS web site at the following link:
https://portal.ct.gov/DSS/Health-And-Home-Care/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. Please reference ''SPA 22-C: Independent Radiology and Independent Laboratory – HIPAA Compliance Fee Schedule Updates''.

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 12, 2022.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 22-D: Medical Equipment Devices and Supplies (MEDS) - HIPAA Compliance Fee Schedule Update for Medical Surgical Supplies (MSS)

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, 2022, SPA 22-D will amend Attachment 4.19-B of the Medicaid State Plan in order to implement the changes detailed below. First, this SPA incorporates the January 2022 Healthcare Common Procedural Cod-

ing System (HCPCS) updates to the Medical Surgical Supplies (MSS) fee schedule. DSS is making these changes to ensure that this fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Second, this SPA reflects that procedure code A4397 (irrigation supply sleeve, each) will be discontinued from the MSS fee schedule because this irrigation supply sleeve code A4397 is being divided into separate reusable and disposable irrigation sleeve billing codes.

Finally, the following replacement procedure codes will be added to the MSS fee schedule:

- A4436 (Irrigation supply; sleeve, reusable, per month), and
- A4437 (Irrigation supply; sleeve, disposable, per month)

The fee schedule amount for 1 month of the sleeves will be equivalent to the A4397 fee schedule amount multiplied by the monthly use limit of 4. Therefore, the current monthly fee schedule amounts will continue to apply to procedure codes A4436 and A4437 effective on or after January 1, 2022. The new established fee schedule amounts for each procedure code will be $19.94 per month.

Fee schedules are published at this link: http://www.ctdssmap.com, then select ''Provider'', then select ''Provider Fee Schedule Download'', then Accept or Decline the Terms and Conditions and then select the applicable fee schedule.

Fiscal Impact

DSS does not anticipate that the HIPAA compliance update to MEDS will have significant changes in annual aggregate expenditures in State Fiscal Year (SFY) 2022 and SFY 2023.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: https://portal.ct.gov/DSS/Health-And-Home-Care/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. Please reference ''SPA 22-D: Medical Equipment Devices and Supplies (MEDS) - HIPAA Compliance Fee Schedule Update for Medical Surgical Supplies (MSS).''

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 12, 2022.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 22-E: Clinic Services – HIPAA Compliance Billing Code and Reimbursement Updates

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, 2022, SPA 22-E will amend Attachment 4.19-B of the Medicaid State Plan to revise various of the clinic fee schedules as detailed below.

First, this SPA updates the Medical Clinic and Ambulatory Surgical Center fee schedules to incorporate the 2022 Healthcare Common Procedural 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. For newly added codes that are replacing codes that are being deleted, they are being priced in a manner designed to be cost-neutral to the previous overall payment methodology.

Second, this update adds payment for specified drugs on the Family Planning Clinic fee schedule. The drugs are being added to ensure continued access to care. Family planning clinics currently provides other drugs in similar categories and other forms of birth control.

Finally, as required by the existing federally approved methodology for physician-administered drugs set forth in the approved outpatient prescription drugs section of the Medicaid State Plan, this SPA will update the relevant fee schedules to conform to 100% of the January 2022 Medicare Average Sales Price (ASP) Drug Pricing file for physician-administered drugs that are administered in dialysis clinics, behavioral health clinics, and medical clinics. Also in accordance with that approved methodology, for procedure codes that are not priced on the January 2022 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 CMS;
- 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.

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 updates to the family planning, medical, ambulatory surgical center clinic fee schedules will not change annual aggregate expenditures in State Fiscal Year (SFY) 2022 and SFY 2023.

As described above, DSS is making updates to specified clinic fee schedules to incorporate the latest required update in physician-administered drug reimbursement in order to remain in compliance with the existing federally approved methodology in the Medicaid State Plan. Accordingly, for SPA purposes, this update is not a change in reimbursement methodology. For informational purposes, DSS does not anticipate that the physician-adminsitered drug updates to the medical clinic and behavioral health clinic fee schedules will change annual aggregate expenditures in SFY 2022 and SFY 2023. DSS estimates the required updates to the physician-administered drug updates to the dialysis clinic fee schedule will decrease annual aggregate expenditures by approximately $186,346 in SFY 2022 and $460,648 for SFY 2023.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: https://portal.ct.gov/DSS/Health-And-Home-Care/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. Please reference ''SPA 22-E: Clinic Services – HIPAA Compliance Billing Code and Reimbursement Updates''.

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 12, 2022.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 22-F: Mandatory Medicaid Coverage of Routine Patient Costs Furnished in Connection with Participation in Qualifying Clinical Trials

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, 2022, SPA 22-F will amend Attachments 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan in order to add coverage and payment provisions to the Medicaid State Plan for the new mandatory benefit category to provide coverage of routine patient costs provided to Medicaid members participating in qualifying clinical trials.

Specifically, federal law in Division CC, Title II, Section 210 of the Consolidated Appropriations Act, 2021 (Public Law 116-260) amended section 1905(a) of the Social Security Act (''Act'') by adding to the definition of medical assistance a new mandatory Medicaid State Plan benefit category in section 1905(a)(30) for routine patient costs for items and services furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials, subject to further provisions in a new section 1905(gg) of the Act. Federal law was also amended to make this benefit mandatory under any benchmark plan, also known as an Alternative Benefit Plan (ABP), which in Connecticut's Medicaid program is the benefit package provided to the Medicaid expansion population or HUSKY D. Accordingly, DSS will also submit a SPA to amend the ABP to add this benefit category, which will be in SPA 22-H.

As set forth in the federal law referenced above and as further detailed in the CMS State Medicaid Director Letter (SMD) # 21-005 dated December 7, 2021, this new benefit category includes only routine patient costs as defined in that federal law that would otherwise be covered under the Medicaid State Plan, waiver, or demonstration waiver under section 1115 of the Act and do not include any investigational item or service that is the subject of the qualifying clinical trial and not otherwise covered under the state plan, waiver, or demonstration waiver. This coverage category also applies only to qualifying clinical trials that meet the specifications set forth in the federal law referenced above. Given that the federal requirements provide only for coverage and payment for otherwise covered services, this SPA will specify that the services covered and the payment methodology will remain the same as the underlying services. Therefore, DSS does not anticipate any substantive change in coverage or payment, nor does DSS anticipate that this SPA will change Medicaid expenditures.

Fee schedules are published at this link: http://www.ctdssmap.com, then select ''Provider'', then select ''Provider Fee Schedule Download'', then Accept or Decline the Terms and Conditions and then select the applicable fee schedule.

Fiscal Impact

As explained above, DSS does not anticipate that this SPA will have any significant in annual aggregate expenditures in State Fiscal Year (SFY) 2022 and SFY 2023.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: https://portal.ct.gov/DSS/Health-And-Home-Care/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. Please reference ''SPA 22-F: Mandatory Medicaid Coverage of Routine Patient Costs Furnished in Connection with Participation in Qualifying Clinical Trials.''

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 12, 2022.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 22-G: Dental Services – HIPAA Compliance Fee Schedule Updates

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 Ser vices (HHS).

Changes to Medicaid State Plan

Effective on or after January 1, 2022, SPA 22-G will amend Attachment 4.19-B of the Medicaid State Plan to incorporate the January 2022 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the dental fee schedules for adults and children. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category and replacement codes are being priced in a manner designed to make the billing code updates cost neutral. DSS is making these changes to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Specifically, the following procedure codes are being added to the Dental fee schedule:

Added Code	Description
D7299	Removal of temporary anchorage device, requiring flap
D7300	Removal of temporary anchorage device without flap
D5725	Rebase hybrid prosthesis
D5765	Soft liner for complete or partial removable denture-indirect
D8020	Limited orthodontic treatment of the transitional dentition

The former code, D7997 ''removal of hardware'' is now better defined by the addition of codes D7299 and D7300 by describing two types of common hardware types used to treat dental facial conditions.'' In addition, D5725 and D5765 will be added to the existing fee schedule in the prosthodontic section. These codes have been created to be more inclusive and expand on the existing types of partials. Lastly, D8020 has also been added to be more specific regarding the types of dental services that will be rendered.

Fee schedules are published at this link: http://www.ctdssmap.com, then select ''Provider'', then select ''Provider Fee Schedule Download'' Accept or Decline the

Terms and Conditions and go to the Adult or Children's Dental Fee Schedule, as applicable.

Fiscal Impact

DSS estimates that this SPA will not change annual aggregate expenditures in State Fiscal Year (SFY) 2022 and SFY 2023.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: https://portal.ct.gov/DSS/Health-And-Home-Care/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. Please reference ''SPA 22-G: Dental Services – HIPAA Compliance Fee Schedule Updates''.

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 12, 2022.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 22-H: Updates to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults to Add Mandatory Medicaid Coverage of Routine Patient Costs Furnished in Connection with Participation in Qualifying Clinical Trials

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 is 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, 2022, SPA 22-H will amend the ABP (Attachment 3.1-L of the Medicaid State Plan) in order to add coverage for the federally required coverage of routine patient costs provided to Medicaid members participating in qualifying clinical trials.

Specifically, effective for items or services furnished on or after January 1, 2022, federal law in Division CC, Title II, Section 210 of the Consolidated Appropriations Act, 2021 (Public Law 116-260) (section 210) amended sections 1905(a)(10)(A) and 1937(b)(5) of the Social Security Act to make coverage of this new benefit mandatory under the Medicaid State Plan and any benchmark or benchmark equivalent coverage also referred to as alternative benefit plans, or ABPs with respect to items and services furnished on or after January 1, 2022.

This SPA corresponds to SPA 22-F, which adds this benefit category to the underlying Medicaid State Plan (Attachments 3.1-A, 3.1-B, and 4.19-B).

As set forth in the federal law referenced above and as further detailed in the CMS State Medicaid Director Letter (SMD) # 21-005 dated December 7, 2021, this new benefit within the ABP includes only routine patient costs as defined in that federal law that would otherwise be covered under the Medicaid State Plan, waiver, or demonstration waiver under section 1115 of the Act and do not include any investigational item or service that is the subject of the qualifying clinical trial and not otherwise covered under the state plan, waiver, or demonstration waiver. This coverage category also applies only to qualifying clinical trials that meet the specifications set forth in the federal law referenced above. Given that the federal requirements provide only for coverage and payment for otherwise covered services, this SPA will specify that the services covered will remain the same as the underlying services. Therefore, DSS does not anticipate any substantive change in coverage, nor does DSS anticipate that this SPA will change Medicaid expenditures.

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

DSS estimates this SPA will not change annual aggregate expenditures in Federal Fiscal Year (FFY) 2022 and FFY 2023.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link:
https://portal.ct.gov/DSS/Health-And-Home-Care/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. Please reference ''SPA 22-H: Updates to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults Regarding Mandatory Medicaid Coverage of Routine Patient Costs Furnished in Connection with Participation in Qualifying Clinical Trials.''

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 27, 2022.