

## NOTICE OF CONNECTICUT STATE AGENCIES

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### DEPARTMENT OF SOCIAL SERVICES

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

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**SPA 22-Q: HIPAA Compliance Billing Code and Reimbursement Updates:  
Physician, Dialysis Clinic, Medical Equipment Devices and Supplies  
(MEDS), Vision, Rehabilitation Clinic, Audiology, Speech &  
Language Pathology Services and Updated Rates for Select  
Long-Acting Reversible Contraceptive Devices**

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, 2022, SPA 22-Q will amend Attachment 4.19-B of the Medicaid State Plan to make the updates detailed below. First, this SPA will incorporate various federal Healthcare Common Procedure Coding System (HCPCS) updates (additions, deletions and description changes) to the physician office and outpatient, dialysis clinic, MEDS (durable medical equipment [DME] and medical surgical supply [MSS]), vision, rehabilitation clinic, and independent audiology/speech and language pathology 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, this SPA increases the rates for the following long-acting reversible contraceptive (LARC) devices on the physician office and outpatient fee schedule, which applies to providers who bill for these LARC devices under the physician office and outpatient fee schedule. This change is necessary to properly reimburse providers for the increased acquisition cost of these devices and to ensure continued access to the devices.

| Code  | Description     | Old Rate | New Rate  |
|-------|-----------------|----------|-----------|
| J7296 | Kyleena 19.5 mg | \$999.28 | \$1049.24 |
| J7298 | Mirena 52 mg    | \$999.28 | \$873.67  |
| J7301 | Skyla 13.5 mg   | \$832.07 | \$1049.24 |

The changes apply to services reimbursed under the HUSKY Health (A, B, C, and D) programs. Fee schedules are published at this link: <https://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download,” then select the applicable fee schedule.

#### **Fiscal Impact**

DSS anticipates that the HIPAA compliance updates to the physician office and outpatient, dialysis clinic, MEDS (DME and MSS), vision, rehabilitation clinic, and

independent audiology/speech and language pathology fee schedules are not likely to change annual aggregate expenditures in State Fiscal Year (SFY) 2022 and SFY 2023.

DSS estimates that increasing the rates for the select LARC devices on the physician office and outpatient fee schedule will increase annual aggregate expenditures by approximately \$19,023 in SFY 2022 and \$114,137 in 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](mailto: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-Q: HIPAA Compliance Billing Code and Reimbursement Updates: Physician, Dialysis Clinic, Medical Equipment Devices and Supplies (MEDS), Vision, Rehabilitation Clinic, Audiology, Speech & Language Pathology Services and Updated Rates for Select Long-Acting Reversible Contraceptive Devices”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than April 13, 2022.

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## **DEPARTMENT OF SOCIAL SERVICES**

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

#### **SPA 22-S: Nursing Facility Reimbursement – Temporary Rate Increase and Rate Increase for Health and Pension Benefits**

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 the dates listed below, SPA 22-S will amend Attachment 4.19-D of the Medicaid State Plan to make the updates to the payment for nursing facility services described below.

First, effective for dates of services from April 1, 2022 through May 31, 2022, this SPA will implement a ten percent (10%) temporary rate increase for nursing facilities. This rate increase applies to the base rate in effect on June 30, 2021 and does not compound any other rate increases effective July 1, 2021. The purpose of this change is to recognize temporary increased costs and impacts to nursing facilities, including those due to the Coronavirus Disease 2019 (COVID-19) pandemic and public health emergency and its impacts.

Second, in accordance with state law in section 324 of Public Act 21-2 of the June 2021 special session, effective from July 1, 2022 through June 30, 2023, within a total annual pool of \$30.8 million, the state will pay a targeted rate increase to nursing

homes to the extent necessary to enable implementation of an enhanced employee health care and pension benefit. For each nursing home that applies for and is approved for this rate increase, the state will calculate the specific rate increase amount as the allowable documented costs for increasing the nursing facilities healthcare and pension costs. If a facility receives a rate increase but does not provide enhanced health care and pension benefits, DSS may decrease the rate by the same amount as the rate increase. The purpose of this change is to implement the state law referenced above and to reimburse nursing homes for the increased costs of providing enhanced employee health care and pension benefits.

#### **Fiscal Impact**

DSS estimates that the 10% temporary rate increase will increase annual aggregate expenditures by approximately \$19,317,794 in State Fiscal Year (SFY) 2022 and \$0 in SFY 2023.

DSS estimates that the rate increase for health and pension benefits will increase annual aggregate expenditures by \$0 in SFY 2022 and approximately \$28.2 million in SFY 2023 (which incorporates an anticipated routine one-month delay in claims submission and payment).

#### **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](mailto: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-S: Nursing Facility Reimbursement – Temporary Rate Increase and Rate Increase for Health and Pension Benefits”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than April 28, 2022.

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