

NOTICE OF PROPOSED CHANGES TO THE STATE MEDICAID PLAN PERTAINING TO LABORATORY REIMBURSEMENT

The State of Connecticut Department of Social Services (DSS) proposes to submit the following amendment to the Medicaid State Plan to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services. Effective on or after January 1, 2013, State Plan Amendment (SPA) 13-003 will revise the rates for most codes on the consolidated lab fee schedule.

Changes to Medicaid State Plan

The Medicaid State Plan will be amended to reduce the rates for most codes on the consolidated laboratory fee schedule by five percent.

This amendment is expected to result in estimated cost savings of approximately \$2 million in FFY13 and in FFY14.

This amendment is intended to promote cost effectiveness, while maintaining access to services.

Information on Obtaining SPA Language and Submission of Comments

In accordance with federal requirements governing the Medicaid program, upon request, DSS will provide copies of the proposed amendment to the Medicaid State Plan. In addition, copies of the proposed amendment may be obtained at each of the DSS regional offices and on the DSS web site: <http://www.ct.gov/dss>. Go to "Publications" and then to "Updates".

Written, phone, and email requests should be directed to Ginny Mahoney, Department of Social Services, Medical Policy Unit, 25 Sigourney Street, 11th Floor, Hartford, CT 06106-5033 (Phone: 860-424-5145, Fax: 860-424-5799, Email: ginny.mahoney@ct.gov). Please reference "SPA TN # 13-003: Reimbursement Changes to the Consolidated Laboratory Fee Schedule".

Members of the public may also file written comments concerning the proposed change. Written comments must be received by January 2, 2013.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State ConnecticutMETHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER
TYPES OF CARE

(2)

(a) Outpatient hospital services – The agency’s fixed fees were set as of July 1, 2008 and are effective for services on or after that date. All fixed fees are published on the Department’s website at www.ctdssmap.com. Rates that are based on hospital service specific ratio of cost to charges are included on each provider’s rate schedule. The rate schedule is sent to the hospital and is revised annually (July 1) based on the most recently filed cost report. Except as otherwise noted in the plan, state developed fee schedules and rate methods are the same for both governmental and private providers.

(b) Rural health clinic services – not provided.

(c) Federally Qualified Health Centers (FQHC) rates are set according to the Regulations of Connecticut State Agencies, governing community health centers (Attached Page 1(b) Addendum). The rate setting methodology conforms to the prospective payment system under Medicare, Medicaid and SCHIP Benefits Improvement and Protections Act (BIPA) of 2000.

For the purpose of establishing the amount to be paid by the department for services provided at Federally Qualified Health Centers to Medicaid recipients enrolled in managed care in accordance with section 4712(b)(2) of the Balanced Budget Act of 1997, such payments shall be calculated as the difference between the rates as described in subsection (a) above and the amount of reimbursement for the same service received by the Federally Qualified Health Center from the managed care organization.

(3) Other Laboratory and X-ray Services –The fee schedules and any adjustments to the fee schedules are published in www.ctdssmap.com. Fees are effective as of the date noted below, except that fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors. Laboratory and X-ray service fees are the same for both governmental and private providers.

- Laboratory Services were set as of January 1, 2013. The Department reviews Medicare rate changes annually. Any Medicaid fee that exceeds the applicable Medicare fee is reduced to 90% of the Medicare fee or the Medicare floor whichever is higher.
- X-ray services provided by independent radiology centers were set as of March 1, 2001.

TN # 09-013
Supersedes
TN # 89-68

Approval Date _____

Effective Date 07-01-2009