

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment

Obstetric (OBS) Rate Type Restructure (SPA 15-015)

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 (HHS).

Changes to Medicaid State Plan

Effective on or after April 1, 2015, Medicaid State Plan Amendment (SPA) 15-015 will amend Attachment 4.19-B of the Medicaid State Plan in order to develop a consistent Obstetric (OBS) and Facility Obstetric (FTO) rate type policy. DSS intends to (1) establish a consistent pricing methodology set at 125% of the 2007 Medicare rate for services reimbursed under the OBS and FTO rate type, (2) add several clinically appropriate services under the OBS and, if applicable, the FTO rate type, and (3) remove services from the OBS rate type that have been determined not to be clinically inappropriate for the OBS rate type, not routinely performed during the obstetrical period, or not separately billable from the routine obstetric care. Those services being removed from the OBS and FTO rate types will remain on the physician fee schedule and will be reimbursed under the applicable DEF (default), SUR (surgical), FTS (facility surgical), PED (pediatric), or FTP (facility pediatric) rate types.

This SPA also develops a consistent pricing policy for obstetrical radiology services. Currently 10 of the 19 obstetrical radiology services are reimbursed under the Physician Radiology (PRA) rate type; while the remaining 9 are reimbursed under the OBS rate type. This SPA aligns the pricing methodology for all radiology services by reimbursing the remaining 9 obstetrical radiology services under the PRA rate type versus the OBS rate type.

Fiscal Information

Based on information that is available at this time, DSS estimates that the proposed changes will result in reduced annual aggregate expenditures of approximately \$2,171,000 in State Fiscal Year 2015 and \$13,913,000 in Federal Fiscal Year 2016.

Information on Obtaining SPA Language and Submission of Comments

In accordance with federal Medicaid requirements, upon request, DSS will provide copies of the proposed SPA. Copies of the proposed SPA may also be obtained at any DSS regional office and on the DSS website: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates”.

Written, phone, and email requests should be sent to Ginny Mahoney, Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5145, Fax: 860-424-5799, Email: ginny.mahoney@ct.gov). Please reference “SPA 15-015: Obstetric Rate Type Restructure”.) Members of the public may also submit written comments concerning the proposed change. Written comments must be received at the above contact information by March 24, 2015.

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- (5) Physician's services – fixed fee schedule not to exceed the Medicare physician fee schedule. Fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors. The current fee schedule was set as of April 1, 2015 and is effective for services provided on or after that date. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.

Person-Centered Medical Home (PCMH) practices are individual sites of independent physician groups, solo physician practices, nurse practitioner groups, and individual nurse practitioners that have met National Committee for Quality Assurance (NCQA) Level 2 or Level 3 medical home recognition. PCMH practices must comply with all NCQA PCMH requirements and all additional written department requirements, including participation in various primary care initiatives operated by the State.

The department offers a PCMH Glide Path program, which pays enhanced rates to practices that are providing some of the additional Medicaid services required for NCQA PCMH recognition. In order to qualify for Glide Path, a practice must demonstrate that it has begun providing a more advanced standard of primary care and has committed to achieving NCQA PCMH recognition in a set period of time. Glide Path practices must also comply with all additional written department requirements, including participation in various primary care initiatives operated by the State.

Beginning January 1, 2012, PCMH and Glide Path practices may be eligible for a rate add-on to the procedure codes on the physician fee schedule identified below. PCMH practices may also be eligible for retrospective annualized supplemental payments for performance incentives and performance improvement. Independent physician-led Glide Path practices with five or fewer full-time equivalent practitioners across all practice locations may also be eligible for a supplemental payment at each Glide Path phase.

- (a) Glide Path and PCMH Rate Add-On: The department will pay a rate add-on for the following procedures in addition to the amounts listed for each procedure code on the physician fee schedule: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99374, 99377, 99379, 99380, 96110, 99050, 99051, 99053, D0145,

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- (ii) Naturopaths – The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule for naturopaths can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to “Provider,” then to “Provider Fee Schedule Download.” Rates are the same for private and governmental providers and are published at www.ctdssmap.com.
- (iii) Nurse practitioners – 90% of physician fees as referenced in (5) above, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees. The current fee schedule was set as of April 1, 2015 and is effective for services provided on or after that date. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to “Provider,” then to “Provider Fee Schedule Download.” Rates are the same for private and governmental providers and are published at www.ctdssmap.com.

Nurse practitioner groups and individual nurse practitioners are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services. Nurse practitioner services within PCMH practices run by nurse practitioners are authorized by Section 1905(a)(6) (services by other licensed practitioners). Nurse practitioners working in a physician group or a solo physician practice are eligible to participate in the PCMH initiative as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan.

- (iv) Dental Hygienists - 90% of the department’s fees for dentists. The fee schedule for dentists can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of April 1, 2008 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com.

TN # 15-015

Approval Date _____

Effective Date 04/01/2015

Supersedes

TN # 14-012, (SPA 15-017, SPA 15-011, SPA 15-001, (SPA 14-031 and SPA 14-037, SPA 14-039 touch this same page)

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(v) Licensed behavioral health practitioners to include licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, and licensed alcohol and drug counselors – not to exceed 75% of the Medicare physician fee schedule. The fee schedule for licensed behavioral health practitioners can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of January 1, 2015 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com.

(vi) Physician assistants – 90% of the department’s fees for physicians, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of April 1, 2015 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com

Physician assistants working in a physician group or a solo physician practice are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan in Section (5) above.

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- (17) Nurse-mid wife services - are paid off of the physician fee schedule at 90% of physician fees, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees.

The agency's physician fee schedule was set as of April 1, 2015 and is effective for services provided on or after that date, except that fees may be deleted or added and priced in order to remain compliant with HIPAA. The physician fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to "Provider Services" then to "Fee Schedule Download". All governmental and private providers are reimbursed according to the same fee schedule.

- (18) The Medicaid Hospice rates are set prospectively by CMS based on the methodology used in setting Medicare Hospice rates, which are adjusted to disregard the cost offsets attributable to Medicare coinsurance amounts. Hospice payment rates are also adjusted for regional differences in wages, using indices published in the Federal Register and daily Medicaid hospice payment rates announced through CMS's memorandum titled "Annual Change in Medicaid Hospice Payment Rates—ACTION". The hospice fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider" then to "Provider Fee Schedule Download". All governmental and private providers are reimbursed according to the same fee schedule. For clients living in a nursing facility, the per diem nursing facility rate will equal 95% of the rate for that nursing home under the Medicaid program.