

## 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 equal 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](mailto: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-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.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

(5) Physician's services – Fixed fee schedule not to exceed the Medicare physician fee schedule. The current fee schedule was set as of March 1, 2018 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](http://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 or NCQA medical home recognition under the 2017 or later NCQA standards (which do not recognize specific levels of 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,

TN # 18-F

Approval Date \_\_\_\_\_

Effective Date 03-01-2018

Supersedes

TN # 18-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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- (b) Dialysis Clinics: The current fee schedule was set as of March 1, 2018 and is effective for services provided on or after that date. All rates are published at [www.ctdssmap.com](http://www.ctdssmap.com).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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- (c) Family Planning Clinics: The current fee schedule was set as of March 1, 2018 and is effective for services provided on or after that date. All rates are published at [www.ctdssmap.com](http://www.ctdssmap.com).

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- (d) Medical Clinics: The current fee schedule was set as of March 1, 2018 and is effective for services provided on or after that date. All rates are published at [www.ctdssmap.com](http://www.ctdssmap.com). Rates are the same for private and governmental providers.

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