

Table of Contents: CT 16-021

1. Table of Contents
2. Approval Letter
3. CMS 179
4. Approved Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

May 8, 2017

Roderick Bremby, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Mr. Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 16-021, submitted to my office on September 30, 2016 and approved on May 3, 2017. This SPA amends Attachment 4.19-B of the Medicaid State Plan to implement an Alternative Payment Methodology (APM) for reimbursement for Federally Qualified Health Centers (FQHCs) that meet specified criteria for utilizing electronic consults (e-consults) for specialty care. This SPA provides for APM payments for dates of service from July 1, 2016 to June 30, 2017 to be equal to a clinic's standard medical Prospective Payment System (PPS) encounter rate plus an additional add-on payment per e-consult. Qualified FQHCs will bill e-consults separately from encounters using a modifier to track claim activity.

This SPA has been approved effective July 1, 2016, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Addendum Pages 9 to Attachment 4.19-B Page 1
- Addendum Pages 9a to Attachment 4.19-B Page 1

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Kate McEvoy, Director of Medical Administration - Health Services and Supports

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
16-0021

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
July 1, 2016

5. TYPE OF STATE PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Sections 1905(a)(2)(C) and 1902(bb) of the Social Security
Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$24,000 (costs)
b. FFY 2018 \$272,000 (costs)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Addendum Pages 9 and 9a to Attachment 4.19-B Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
Addendum Pages 9 and 9a to Attachment 4.19-B Page 1

10. SUBJECT OF AMENDMENT: Effective July 1, 2016, SPA 16-0021 amends Attachment 4.19-B of the Medicaid State Plan to implement an Alternative Payment Methodology (APM) for reimbursement for Federally Qualified Health Centers (FQHCs) that meet specified criteria for utilizing electronic consults (e-consults) for specialty care. This SPA provides for APM payments for dates of service from July 1, 2016 to June 30, 2017 to be equal to a clinic's standard medical Prospective Payment System (PPS) encounter rate plus an additional add-on payment per e-consult. Qualified FQHCs will bill e-consults separately from encounters using a modifier to track claim activity.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

State of Connecticut
Department of Social Services
55 Farmington Avenue – 9th floor
Hartford, CT 06105
Attention: Ginny Mahoney

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:
September 30, 2016

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 30, 2016

18. DATE APPROVED: May 3, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Connecticut

e) Alternative Payment Methodology (APM) Payments for Qualifying Federally Qualified Health Centers (FQHC) Utilizing e-consults for Specialty Care – For dates of service from July 1, 2016 through June 30, 2017, FQHC Medicaid APM payments shall be equal to a clinic's medical PPS Medicaid encounter rate plus an additional supplemental payment, as defined below, if the following conditions are satisfied:

1. In order to receive supplemental payments under this section, an FQHC must meet all of the following minimum qualifications:
 - a. Have and use an electronic system for e-consults that: (i) complies with HIPAA and other applicable security and privacy requirements, (ii) enables transmission of necessary information to the specialist who is providing the e-consult requested by the primary care provider at the FQHC, and (iii) as applicable, is compatible with appropriate electronic health records systems.
 - b. Have agreements in place with one or more specialists or entities that employ or contract with specialists. Such agreements must, at a minimum, ensure that the specialists and the e-consults comply with all of the provisions of this section, including, but not limited to, the provisions in paragraph (c) immediately below.
 - c. The FQHC must ensure that: (i) all of the specialists available for e-consults are licensed to practice medicine in Connecticut, (ii) appropriate types of e-consults are provided, (iii) all e-consults are performed within a clinically appropriate turnaround time, (iv) the specialists maintain appropriate documentation for each e-consult, and (v) the specialist issues orders or referrals in compliance with applicable licensure and scope of practice requirements and only if the specialist is enrolled in Medicaid in compliance with section 1902(a)(kk)(7) of the Social Security Act, which includes enrollment as an ordering, prescribing or referring (OPR) only status.
2. An eligible FQHC will qualify for a supplemental payment based on the documented utilization of an e-consult related to a Medicaid medical encounter in order to avoid unnecessary referrals to physician specialists and to expand access for specified areas of specialist services. FQHC providers must maintain and make adequate documentation available to the Department as necessary to document e-consult utilization.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT **OFFICIAL**
State Connecticut

3. FQHC providers will bill for e-consult services using procedure code 99213 and modifier GQ.
4. All e-consults will be paid as Medicaid supplemental payments 60 days after the close of each calendar quarter in which the Department receives the claims for the e-consults performed during each calendar quarter. In addition to claims, FQHCs must submit quarterly reports within 30 days after the close of the calendar quarter when the e-consult was completed. The Department will reconcile payment requests with billing information from MMIS at the end of the state fiscal year and may adjust supplemental payments retroactively in order to conform to the MMIS billing information.
5. A qualified e-consult will be reimbursed at \$50.00 per e-consult.