

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

Federally Qualified Health Centers - Alternative Payment Methodology

for Utilizing Electronic Consults for Specialty Care (SPA 16-0021)

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.

Changes to Medicaid State Plan

Effective on or after July 1, 2016, SPA 16-0021 will amend Attachment 4.19-B of the Medicaid State Plan to implement an Alternative Payment Methodology (APM) for reimbursement for Federally Qualified Health Centers (FQHC) that meet specified criteria for utilizing electronic consults (e-consults) for specialty care. This SPA will amend APM payments for dates of service effective on or after July 1, 2016 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. The previous Medicaid State Plan language on this service (added through approved SPA 15-026) applied only to specified dates of service ending June 30, 2016. This SPA applies for dates of service on or after July 1, 2016 and, based on the additional information that is now available, includes a reduced rate compared to approved SPA 15-026 in order to make the reimbursement more economic and efficient by reflecting only the reasonable costs related to the actual e-consult service.

Fiscal Impact

Based on the information that is available at this time, DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$600,000 in State Fiscal Year 2017 and State Fiscal Year 2018.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <http://www.ct.gov/dss>. Go to "Publications" and then "Updates". The proposed SPA may also be obtained at any DSS field office and upon request from DSS.

To request a copy of the SPA or to send comments about the SPA, please email: ginny.mahoney@ct.gov or write 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). Please reference: SPA 16-021: FQHC-APM for Electronic Consults for Specialty Care.

Anyone may send DSS written comments about this SPA. Written comments must be received at the above contact information no later than July 13, 2016.

**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 –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 at least 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 appropriate types and speeds of communication for the types of e-consults for which it is used, and (iii) as applicable, is compatible with appropriate electronic health records systems.

b. Have in place agreements 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 with clinically appropriate turnaround time, (iv) the specialists maintain appropriate documentation for each e-consult, and (v) the specialist issues orders or referrals only 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.

3. FQHC providers will bill each e-consult using the T1015 with procedure code 99213 and modifier code GQ (via an asynchronous telecommunications system, using the GQ modifier the provider is certifying that asynchronous medical file was collected and transmitted at the distant site).

4. E-consults will be paid as Medicaid supplemental payments on a quarterly basis 30 days after receiving necessary documentation of e-consults performed during each calendar

TN # 16-0021
Supersedes
TN # 15-0026

Approval Date _____ Effective Date 07-01-2016