

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 15-026)

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) 15-026 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 from April 1, 2015 through June 30, 2016 to be equal to a clinic's medical PPS encounter rate plus an additional add-on payment in accordance with a schedule based on the volume of e-consults described in the SPA. This change applies to FQHCs with an average quarterly Medicaid medical encounter volume of more than 30,000 encounters for a quarterly incentive payment and that meet any other applicable criteria as set forth in the SPA.

Fiscal Information

Based on the information that is available at this time, the changes associated with this SPA are estimated to result in an increase in annual aggregate expenditures of approximately \$55,000 in State Fiscal Year 2015 and \$218,000 in State 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 15-026: FQHC-APM for Electronic Consults for Specialty Care".) Members of the public may also submit written comments concerning the proposed change. Written comments must be received at the above contact information by April 15, 2015.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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(e) Alternative Payment Methodology (APM) Payments for Qualifying Federally Qualified Health Centers (FQHC) Utilizing e-consults for Specialty Care – For dates of service from April 1, 2015 through June 30, 2016, FQHC Medicaid APM payments shall be equal to a clinic’s medical PPS Medicaid encounter rate plus an additional add-on payment, as defined below, if the following conditions are satisfied:

1. A qualifying FQHC will maintain an average quarterly volume of Medicaid medical encounters of more than 30,000 Medicaid medical encounters in order to be eligible to receive an incentive payment for e-consults occurring during that quarter.
2. Volume of Medicaid medical encounters is captured counting non-cross-over T1015 claims.
3. An eligible FQHC will qualify for an incentive 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.
4. The e-consult add-on amount will be based on the following schedule:

Number of e-consults Per Quarter			Quarterly Incentive Payments
1	to	50	\$5,450
51	to	100	\$10,900
101	to	150	\$16,350
151	to	200	\$21,800
201	to	250	\$27,250
251	to	300	\$32,700
301	to	350	\$38,150
351	to	400	\$43,600
401	to	450	\$49,050
451	to	500	\$54,500
501	to	550	\$56,250
551	to	600	\$58,000
601	to	650	\$59,750
651	to	700	\$61,500
701	to	750	\$63,250
751	to	800	\$65,000
801	to	850	\$66,750

TN # 15-026
Supersedes
TN # 13-038

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Effective Date 04-01-2015

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851	to	900	\$68,500
901	to	950	\$70,250
951	to	1,000	\$72,000
1,001	to	1,050	\$73,750
1,051	to	1,100	\$75,500
1,101	to	1,150	\$77,250
1,151	to	1,200	\$79,000
1,201	to	1,250	\$80,750
1,251	to	1,300	\$82,500
1,301	to	1,350	\$84,250
1,351	to	1,400	\$86,000
1,401	to	1,450	\$87,750
1,451	to	1,500	\$89,500

5. In the event referrals to physician specialist that result in a Medicaid paid claim to a physician specialist provider do not decline during the service quarter by at least ____% among the beneficiaries for whom e-consults were made and also result in increased access to necessary specialist advice in accordance with specified parameters, incentive payments for that quarter shall be reduced by 50%. Providers are required to make adequate documentation available to the Department as necessary to document physician specialist e-consult utilization.
6. Incentive payments will be paid as Medicaid supplemental payments on a quarterly basis 30 days after receiving necessary documentation of e-consults performed during each calendar quarter. The Department may reconcile payments as needed.
7. Payments shall be limited to the applicable amount in the table included above, up to a maximum \$89,500 per quarter per qualifying FQHC.

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