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TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 15-026	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: April 1, 2015
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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. SFY 2015 \$69,000 (costs) b. SFY 2016 \$109,000 (costs)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Addendum Page 9 to Attachment 4.19B Page 1 Addendum Page 9a to Attachment 4.19B Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR Addendum Page 9 to Attachment 4.19B Page 1 Addendum Page 9a to Attachment 4.19B Page 1 (New)
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10. SUBJECT OF AMENDMENT: Effective April 1, 2015, SPA 15-026 amends Attachment 4.19-B of the Medicaid State Plan to establish 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 sets forth APM payments for dates of service from April 1, 2015 through June 30, 2016 to be equal to the FQHC's medical Prospective Payment System (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.

11. GOVERNOR'S REVIEW (Check One):


GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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: June 26, 2015	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 26, 2015	18. DATE APPROVED: January 27, 2016
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2015	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 approved pen and ink change to CMS box 8 and 9 changing page 10 to page 9a

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

February 16, 2016

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. 15-026, submitted to my office on June 26, 2015 and approved on January 27, 2016. This SPA amends Attachment 4.19-B of the State Plan to establish an Alternate Payment Methodology for reimbursement for Federally Qualified Health Centers (FQHCs) that meet specified criteria and utilize electronic consults (E-consults) for specialty care.

This SPA sets forth APM payments for dates of service from April 1, 2015 through June 30, 2016 to be equal to the FQHC's medical Prospective Payment System (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.

This SPA has been approved effective April 1, 2015, as requested by the State.

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

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

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 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. 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.
 - d. Have in place written internal protocols to ensure that all e-consults are conducted in a consistent, compliant, clinically appropriate, and high quality manner.
 - e. Maintain and send the Department regular reports on e-consults, including the frequency, types of services, types of e-consults, and outcome data.

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2. 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.
3. Subject to the maximum amount listed in item 7 below, the per e-consult add-on to a provider's medical encounter is as follows:
 - i. Provider's first 500 e-consults per quarter: \$109 per e-consult
 - ii. Provider's e-consults after the first 500 in a quarter: \$35 per e-consult
4. In the event referrals to physician specialist that result in a Medicaid paid claim to a physician specialist provider do not decline during each calendar quarter by at least 7.5% 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 calendar 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.
5. 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.
6. Payments shall be limited to the applicable amount in the table included above, up to a maximum \$89,500 per calendar quarter per qualifying FQHC.