OLR Bill Analysis

SB 191

AN ACT CONCERNING FEDERALLY QUALIFIED HEALTH CENTER PAYMENTS AND THE PROVISION OF NONEMERGENCY DENTAL SERVICES AT SUCH CENTERS.

SUMMARY

This bill establishes several requirements related to the Department of Social Services' (DSS) payments to federally qualified health centers (FQHC) for services provided under medical assistance programs (e.g., Medicaid). These requirements include, among other things, limitations on payments for nonemergency dental visits at FQHCs.

Current law authorizes, but does not require, DSS to reimburse FQHCs for multiple services provided in a day, regardless of what type of services the center provides. Generally, the bill instead requires DSS to reimburse FQHCs (1) on an all-inclusive encounter rate per client encounter, based on a prospective payment system under federal law, and (2) in accordance with requirements in existing state regulations (see BACKGROUND). For reimbursement purposes, the bill considers the following types of patient encounters to be single encounters: (1) an encounter with more than one health professional for the same type of service and (2) multiple interactions with the same health professional that occur on the same day, unless a patient suffers illness or injury after the first encounter and requires additional diagnosis and treatment.

The bill prohibits FQHCs from providing nonemergency, periodic dental services on different dates of service to enable billing for separate encounters. It requires FQHCs to complete any nonemergency, periodic dental service in one visit (e.g., exams, prophylaxis, and radiographs such as bitewings, complete series, and periapical imaging, if warranted). The bill makes second visits to complete any service normally included during a nonemergency periodic dental visit ineligible for reimbursement unless the visit is medically necessary and

clearly documented that way in the patient's dental record.

The bill also eliminates an obsolete reporting requirement.

EFFECTIVE DATE: July 1, 2022

BACKGROUND

Prospective Payment System

Federal law allows states to pay FQHCs an amount calculated on a per visit basis and based on their costs for providing service in a previous year, adjusted by the Medicare Economic Index (MEI, generally a measurement of inflation in health care) and any changes to the FQHC's scope of services. The law also allows states to use an alternative payment methodology if (1) both the state and the FQHC agree and (2) it results in a payment that is at least equal to the payment described above (42 U.S.C. § 1396a(bb)).

State Regulations

State regulations limit FQHC claims to one all-inclusive encounter per day, including all services received by a client on the same day, unless (1) the client suffers an illness or injury after the first encounter that requires additional diagnosis or treatment or (2) the client has different types of visits on the same day (e.g., medical and dental or medical and behavioral health). Under the regulations, Medicaid pays for one medical, one dental, and one behavioral health encounter per day (Conn. Agencies Regs. § 17b-262-1002).

COMMITTEE ACTION

Human Services Committee

Joint Favorable
Yea 20 Nay 0 (03/17/2022)