



Senate

General Assembly

File No. 158

February Session, 2022

Senate Bill No. 191

Senate, March 29, 2022

The Committee on Human Services reported through SEN. MOORE of the 22nd Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

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

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-245b of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2022*):

3 (a) The Commissioner of Social Services shall, consistent with federal
4 law, [make changes to the cost-based reimbursement methodology in
5 the Medicaid program for federally qualified health centers. To the
6 extent permitted by federal law, the commissioner may reimburse a
7 federally qualified health center under the Medicaid program for
8 multiple medical, behavioral health or dental services provided to an
9 individual during the course of a calendar day, irrespective of the type
10 of service provided. On or before January 1, 2008, the commissioner
11 shall report to the joint standing committees of the General Assembly
12 having cognizance of matters relating to appropriations and the budgets
13 of state agencies and human services on the status of the changes to the

14 cost-based reimbursement methodology.] reimburse federally qualified
 15 health centers on an all-inclusive encounter rate per client encounter
 16 based on the prospective payment system required by 42 USC
 17 1396a(bb). Any patient encounter with more than one health
 18 professional for the same type of service and multiple interactions with
 19 the same health professional that occur on the same day shall constitute
 20 a single encounter for purposes of reimbursement, except when the
 21 patient, after the first encounter, suffers illness or injury requiring
 22 additional diagnosis and treatment. A federally qualified health center
 23 shall be reimbursed in accordance with the requirements prescribed in
 24 section 17b-262-1002 of the regulations of Connecticut state agencies.

25 (b) A federally qualified health center shall not provide
 26 nonemergency periodic dental services on different dates of service for
 27 the purpose of billing for separate encounters. Any nonemergency
 28 periodic dental service, including, but not limited to, (1) an examination,
 29 (2) prophylaxis, and (3) radiographs, including bitewings, complete
 30 series and periapical imaging, if warranted, shall be completed in one
 31 visit. A second visit to complete any service normally included during
 32 the course of a nonemergency periodic dental visit shall not be eligible
 33 for reimbursement unless (A) medically necessary, and (B) such medical
 34 necessity is clearly documented in the patient's dental record.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2022	17b-245b

HS *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 23 \$	FY 24 \$
Social Services, Dept.	GF - Savings	1,000,000	1,000,000

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a savings of approximately \$1 million annually to the Department of Social Services (DSS) by limiting Medicaid reimbursement for non-emergency, periodic dental services at Federal Qualified Health Centers (FQHCs) to those provided in one visit. The savings estimate is based on a retroactive review of FQHC dental exams that were not performed and billed on the same day as a cleaning, between January 2016 and August 2021. Related services provided at a second visit can be reimbursed if they are medically necessary, with appropriate documentation.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

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)