

Human Services Committee JOINT FAVORABLE REPORT

Bill No.: SB-191

AN ACT CONCERNING FEDERALLY QUALIFIED HEALTH CENTER
PAYMENTS AND THE PROVISION OF NONEMERGENCY DENTAL SERVICES

Title: AT SUCH CENTERS.

Vote Date: 3/17/2022

Vote Action: Joint Favorable

PH Date: 3/8/2022

File No.:

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SPONSORS OF BILL:

Human Services Committee

REASONS FOR BILL:

This legislation seeks to clarify payment practices and streamline the provision of nonemergency dental care for community health center patients. It will revise provisions regarding payments to federally qualified health centers and set limitations on nonemergency dental visits at such centers. This bill will require DSS to reimburse Federally Qualified Health Centers (FQHCs) through an all-inclusive encounter rate per client encounter based on the prospective payment system required under federal law and in accordance with state regulations (Conn. Agencies Reg. 17b-262-1002). It will prohibit FQHCs from providing nonemergency periodic dental services on different dates of service to bill for separate encounters.

RESPONSE FROM ADMINISTRATION/AGENCY:

Deidre S. Gifford, Commissioner of the Department of Social Services (DSS), urges passage of this bill with recommendations. The DSS proposes deleting outdated language in section 17b-245b of the general statutes, which directs DSS to “make changes to the cost-based reimbursement methodology in the Medicaid program for federally qualified health centers. To the extent permitted by federal law, the commissioner may reimburse a federally qualified health center under the Medicaid program for multiple medical, behavioral health or dental services provided to an individual during the course of a calendar day, irrespective of the type of service provided. On or before January 1, 2008, the commissioner shall report to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and human services on the status of the

changes to the cost-based reimbursement methodology.” As FQHCs are no longer reimbursed based on costs, this language is no longer relevant. The Department also proposes language to delineate that nonemergency periodic dental services be included in a single periodic dental visit unless there is a medical reason for providing the services on separate dates.

NATURE AND SOURCES OF SUPPORT:

Pareesa Charmchi Goodwin, Executive Director, The Connecticut Oral Health Initiative, Inc., supports this bill because s this legislation will secure and encourage bundling of dental services that can appropriately be delivered in one visit, preventing patients from making multiple visits. Short appointments do not always allow providers to take care of patients needs in one visit, and multiple visits inconvenience patients. Short, frequent visits make care delivery less efficient and more expensive. This issue is of importance to COHI because the populations they advocate for often struggle with transportation, arranging childcare, and missing work.

Karen Siegel, Health Equity Solutions (HES), supports this bill. As stated, requiring Medicaid enrollees to attend multiple visits for services that could be provided in a single visit is an undue burden—causing enrollees to miss work, spend time and money on transportation, and identify additional dependent care, for example. To prevent this unnecessary inconveniences, S.B. 191 could increase access to preventive oral health care. Payment models that intentionally address inequities in health care quality and health outcomes could transform Connecticut’s health systems to truly meet the needs of all of Connecticut’s residents. To this end, HES recommends a thorough review of opportunities to advance equity in Connecticut through Medicaid by leveraging value-based payment models that include and extend beyond FQHCs.

The following FQHCs also support this legislation:

Joanne Borduas, CEO, Community Health and Wellness Center

Katie Curran, CEO of Connecticut, Connecticut Institute for Communities d/b/a Greater Danbury Community Health Center

Karen A. Daley, CEO, Optomus Health Care, Inc.

Jennifer Granger, President/CEO, United Community and Family Services

Mollie Melbourne, President/CEO, Southwest Community Health Center

NATURE AND SOURCES OF OPPOSITION:

Sara LeMaster, Manager, Government Relations and Public Policy, Community Health Center Association of Connecticut, supports the intent of this bill, but argues that lines 14-19 are overly broad. CHCACT strongly opposes any effort to bring all patient services together under one rate, as this would dramatically impact health centers’ ability to continuously operate and offer services.

Arvind Shaw, CEO, Generations Family Health Center, is in opposition of this bill. As the testimony states, rates do not cover costs, the network is inadequate, and leads to hospital

stays and opioid use. The DSS approach to rate setting is not in the best interest of the patients that it is trying to serve. To serve these patients the dental benefit provided by the Medicaid program needs to meet the community standard of dental insurance that is provided by other reputable carriers in the CT marketplace.

Kathy Montague, Chief Dental Officer, Generations Family Health Center, Inc, does not support this bill. As stated, this bill focuses on a very narrow type of care provided FQHCs without taking a comprehensive view of the entire reimbursement system for dental care. Generations Family Health Center provide quality care for their patients and they hope the rate setting system will catch up with the current costs and challenges faced by federal qualified health centers.

Debra Daviau Savoie, Chief Financial Officer, Generations Family Health Center, Inc, states that requiring a dentist to leave a fixed dental clinic location and travel up to 10 miles one way to perform exams is a hardship. DSS should allow dental hygienists to provide periodic oral exams, as they did before 2014. Rates are inadequate and a modernized rate setting structure would go a long way towards our goal.

Dr. Suzanne Lagarde, CEO, Fair Haven Community Health Care, states that Commissioner Gifford's claim that FQHCs are reimbursed on an "alternative payment" methodology is incorrect. As written in the testimony, FQHCs are reimbursed under the prospective payment system methodology. Alternative Payment Methodologies is a term of art recognized under federal law and the FQHC must opt in. This is not the case in CT. Dr. Lagarde argues that the current system is broken and that if experts in the industry consulted, they would tell you that CMS statutes are not being followed in CT. There should be a fair reimbursement rate commensurate with services delivered. Without this, folks struggle to stay afloat.

Maribel Martinez, Board Chair, Fair Haven Community Health Care, states that current rates do not meet the needs of FQHCs. Not having adequate reimbursement rates results in a snowball effect that impact a whole health system within a community already struggling to access health care. Without fair reimbursement rates, the ability to fully meet the needs of patients and the Connecticut community is limited. Fair Haven struggles to pay competitive wages to their medical staff, as they compete for doctors and nurses with major hospital systems and other clinics.

Reported by: Isaac Agyemang-Duah

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