



General Assembly

February Session, 2022

Raised Bill No. 191

LCO No. 1460



Referred to Committee on HUMAN SERVICES

Introduced by:
(HS)

***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 Section 17b-245b of the general statutes is repealed and the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

Statement of Purpose:

To revise provisions regarding payments to federally qualified health centers and set limitations on nonemergency dental visits at such centers.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]