



Connecticut Medical Assistance Program
Policy Transmittal 2009-07

PB 2009-26
December 2009

Michael P. Starkowski, Commissioner

Effective Date: January 1, 2010
Contact: Teddi Leslie Creel 860-424-5393

TO: General Hospitals and Freestanding Mental Health Clinics

RE: Qualifications for the Temporary Suspension of Access Requirements

The purpose of this policy transmittal is to clarify and revise the method for determining whether a provider qualifies for a temporary suspension of the Enhanced Care Clinic (ECC) access requirements. This method applies to ECC services rendered to HUSKY, Medicaid Fee for Service (FFS) and Charter Oak registrations.

Adequacy of an ECC's performance on access requirements is assessed by periodic compliance surveys. One of the survey methods is the quarterly assessment of Web registration data to determine whether patients were seen or appointments offered within the timeframes established in PB 2007-44.

PB 2007-44 provides for a temporary suspension of ECC timely access requirements during any year in which there is an increase in the designated ECC's service volume (based on unduplicated users) over the previous year's volume of more than 20%. Effective September 1, 2009, the assessment of an increase in volume will instead be based on unduplicated new admissions in the measurement quarter, compared to the same quarter of the preceding year. For example, unduplicated new admissions in quarter three of calendar year 2009 will be compared to unduplicated new admissions in quarter three of calendar year 2008. A provider may qualify for the temporary suspension for any quarter during which volume increased more than 20%.

Suspension of the access requirements will be considered upon request of the ECC. The ECC must submit its request to Lois Berkowitz, Ph.D. (lois.berkowitz@ct.gov) and must provide the data to support the reported increase in volume. The ECC must also provide a written plan of action that will be undertaken in response to the volume increase. The Departments will review the request and undertake cross-validation prior to making a determination regarding the request for suspension.

Posting Instructions: Provider bulletins can be downloaded from the HP Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

Responsible Unit: DSS, Medical Care Administration, Medical Policy Section, Teddi Leslie Creel, (860) 424-5393.

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