



Connecticut Medical Assistance Program
Policy Transmittal 2011- 3

PB 2011 - 02
January 2011

Michael P. Starkowski, Commissioner

Effective Date: February 1, 2011
Contact: Teddi Leslie Creel 860-424-5393

TO: Freestanding Mental Health Clinics and Hospital Clinics
RE: Enhanced Care Clinic Changes in ECC Status Notification

The purpose of this policy transmittal is to inform mental health clinics and hospital clinics that are designated as Enhanced Care Clinics (ECC) of the requirement to notify the Department regarding changes in ECC status for new or existing sites. In accordance with the Enhanced Care Clinic Provider Enrollment Agreement, the name and address of clinic sites that have received ECC designation are set forth in Attachment B of the ECC Letter of Agreement.

Effective February 1, 2011, updates to ECC status designation Enhanced Care Clinic sites must be documented in the Attachment B Form and submitted electronically to the Department of Social Services (DSS) no less than thirty (30) days prior to the implementation of the proposed status change. The Attachment B Form can be found as part of your signed copy of the ECC Letter of Agreement.

ECCs must submit an updated Attachment B to DSS at least 30 days prior to the ECC status change indicating the requested date for the ECC status change for the changes to be approved. ECC status changes will not be made retroactive. Web registration data for all ECC sites will be included in the quarterly ECC access reporting and the ECC will continue to be held accountable for meeting ECC standards until DSS receives and approves the updated Attachment B Form.

Please note: Those sites that are designated as ECCs must be enrolled in the Connecticut Medical Assistance Program separate from sites without ECC designation for billing purposes. Services rendered at sites with ECC designation will qualify for payment at the ECC rates.

Billing Questions

For questions, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440 or locally in the Farmington, CT area at (860) 269-2028.

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.

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

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