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Requirements for Payments of Services Provided under the State Administered General Assistance Program

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Requirements for Payments of Services Provided under the State Administered General Assistance Program

Sec. 17b-192-1. Scope

Sections 17b-192-1 to 17b-192-12, inclusive, of the Regulations of Connecticut State Agencies set forth the Department of Social Services' requirements to administer the State Administered General Assistance Program (SAGA) as authorized by section 17b-192 of the Connecticut General Statutes. Payment for services is available for all persons eligible for the SAGA medical program pursuant to section 17b-192 of the Connecticut General Statutes, subject to the conditions and limitations that apply to these services as described in section 17b-192 of the Connecticut General Statutes, sections 17b-192-1 to section 17b-192-12 of the Regulations of Connecticut State Agencies and the contract between the administrative services organization and the Department of Social Services.

(Adopted effective October 12, 2005)

Sec. 17b-192-2. Definitions

As used in section 17b-192-1 to section 17b-192-12, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Administrative hearing" means the administrative hearing procedure contained in sections 17b-60 to 17b-66, inclusive, of the Connecticut General Statutes;

(2) "Administrative services organization" (ASO) means the organization under contract with the Department of Social Services to administer certain health care benefits for members who are eligible for the SAGA program, or the ASO's agent;

(3) "Border hospital" means "border hospital" as defined in Section 17b-262-631 (4) of the Regulations of Connecticut State Agencies;

(4) "Chronic disease hospital" means "chronic disease hospital" as defined in section 19-13-D1 of the Regulations of Connecticut State Agencies;

(5) "Commissioner" means the Commissioner of Social Services appointed pursuant to subsection (a) of section 17b-1 of the Connecticut General Statutes or the Commissioner's agent;

(6) "Department" means the Connecticut Department of Social Services or its agent;

(7) "Emergency" means a medical condition, including labor and delivery, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in placing a member's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of a bodily organ or part;

(8) "Family planning services" means any medically approved diagnostic procedure, treatment, counseling, drug, supply or device that is prescribed or furnished by a provider to members of child bearing age for the purpose of enabling such members to freely determine the number and spacing of their children;

(9) "Federally qualified health center" or "FQHC" means "federally qualified health center" as defined in 42 USC 1396d(l);

(10) "Grievance" means a written or verbal request to the ASO from a member for a formal review of an ASO decision related to the denial, reduction, termination or suspension of authorization for payment of service;

(11) "Hospital" means an institution as defined in section 19-13-D(1)(b)(1) of the Regulations of Connecticut State Agencies;

(12) “Intensive care management” means specialized care management techniques that are undertaken by the ASO when a member has complex health care needs;

(13) “Medicaid program” means the program operated by the Department of Social Services pursuant to section 17b-260 of the Connecticut General Statutes and authorized by Title XIX of the Social Security Act;

(14) “Medically necessary” means those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate a health problem or its effects, or to maintain health and functioning, provided such services are:

- a) consistent with generally accepted standards of medical practice;
- b) clinically appropriate in terms of type, frequency, timing, site and duration;
- c) demonstrated through scientific evidence to be safe and effective and the least costly among similarly effective alternatives, where adequate scientific evidence exists; and
- d) efficient in regard to the avoidance of waste and refraining from provision of services that, on the basis of the best available scientific evidence, are not likely to produce benefit;

(15) “Member” means a client who has been certified by the State of Connecticut as eligible to enroll under the SAGA program;

(16) “Member services” means administrative services provided by ASO staff, such as: assisting members with selection of providers, answering members’ questions, providing information on how to access services, and responding to complaints and resolving problems informally;

(17) “Out-of-network provider” means a provider that has not contracted with the ASO to provide services to SAGA members;

(18) “Physician incentive plan” means “physician incentive plan” as defined in 42 CFR 422.208;

(19) “Primary care provider” or “PCP” means a licensed health care professional responsible for coordinating the health care needs of members;

(20) “Prior authorization” means the approval for the service or delivery of the goods from the ASO or the department before the provider actually provides the service or delivers the goods;

(21) “Provider” means an individual, entity or organization that supplies medical or dental health services or goods and has contracted with the ASO to provide services to SAGA members;

(22) “Provider network” means the providers contracted with the ASO;

(23) “Quality management” means the process of reviewing, measuring and continually improving the processes and outcomes of care delivered;

(24) “State Administered General Assistance” or “SAGA” means the program established pursuant to section 17b-192 of the Connecticut General Statutes;

(25) “Transportation” means emergency ambulance; and non-emergency medical transportation for radiation oncology, chemotherapy and dialysis; and

(26) “Utilization management” means the prospective, retrospective or concurrent assessment of the necessity and appropriateness of the allocation of health care resources and services given, or proposed to be given, to an individual.

(Adopted effective October 12, 2005)

Sec. 17b-192-3. Administration of the SAGA medical program

(a) The department shall administer hospital inpatient and outpatient services except outpatient clinic and associated ancillary services.

(b) The department shall contract with an ASO to administer the services and goods listed in section 17b-192-6(c) of the Regulations of Connecticut State Agencies.

(Adopted effective October 12, 2005)

Sec. 17b-192-4. Responsibilities of the ASO

Responsibilities of the ASO shall include, but not be limited to, the following:

- (1) Member services as defined in section 17b-192-2 of the Regulations of Connecticut State Agencies;
- (2) Quality management as defined in section 17b-192-2 and described in section 17b-192-7 of the Regulations of Connecticut State Agencies;
- (3) Utilization management as defined in section 17b-192-2 and described in section 17b-192-7 of the Regulations of Connecticut State Agencies;
- (4) Intensive care management as defined in section 17b-192-2 and described in section 17b-192-7 of the Regulations of Connecticut State Agencies;
- (5) Provider contracting and credentialing;
- (6) Provider contract oversight;
- (7) Programmatic and financial reporting;
- (8) Grievance resolution process as described in section 17b-192-12 of the Regulations of Connecticut State Agencies;
- (9) Health care provider appeal process as described in section 17b-192-12 of the Regulations of Connecticut State Agencies; and
- (10) Claims processing.

(Adopted effective October 12, 2005)

Sec. 17b-192-5. Provider network

(a) The ASO shall develop and maintain a comprehensive network of providers that has the capacity to deliver, or arrange for the delivery of, all of the goods and services reimbursable under the SAGA program that are listed in section 17b-192-6(c) of the Regulations of Connecticut State Agencies.

(b) The ASO shall provide pharmaceutical services through pharmacies under contract with the ASO.

(c) The ASO shall ensure that its provider network:

(1) includes access for each member to a PCP, as well as obstetric and gynecological providers, at a distance of no more than twenty miles from the town where the member resides to the town where the provider is located as measured by the Department of Public Utility Control; and

(2) provides access to obstetricians and gynecologists in accordance with section 38a-503b of the Connecticut General Statutes.

(d) The ASO shall assign a PCP to each member. Such assignment shall be appropriate to the member's age, gender, and place of residence.

(e) The ASO shall implement procedures to permit members to select a PCP other than the PCP assigned by the ASO.

(f) Each member shall be offered the opportunity to choose among available providers in the provider network.

(g) A member may select any family planning provider or abortion provider for such services without regard to the provider's contractual relationship with the ASO.

(h) A member may use any emergency service without regard to the provider's contractual relationship with the ASO.

(i) The department shall require the ASO to have a system of referring members to out-of-network providers if appropriate participating providers are not available in the network.

(Adopted effective October 12, 2005)

Sec. 17b-192-6. Services covered and limitations

(a) Services and goods covered for SAGA members shall be identical to those covered under the SAGA program on July 1, 2003.

(b) The SAGA program shall pay only for covered services and goods that are medically necessary.

(c) The following services or goods shall be available only through the ASO:

- (1) Ambulatory surgery clinic services;
- (2) Medical clinic services;
- (3) FQHC medical clinic services;
- (4) Rehabilitation clinic services;
- (5) Dialysis clinic services;
- (6) Family planning clinic services;
- (7) Dental practitioner services;
- (8) FQHC dental clinic services;
- (9) Independent radiologist services;
- (10) Independent laboratory services;
- (11) Medical equipment, devices and supplies;
- (12) Nurse practitioner services;
- (13) Nurse midwife services;
- (14) Physician services;
- (15) Emergency ambulance transportation services;
- (16) Non-emergency medical transportation services for radiation oncology, chemotherapy and dialysis;
- (17) Pharmacy services;
- (18) Hospital outpatient clinic and related ancillary services; and
- (19) Chronic disease hospital services.

(d) Each provider receiving payment under the SAGA program shall comply with any enrollment requirements specified in Medicaid regulations specific to the provider's type and specialty contained in the Regulations of Connecticut State Agencies.

(e) Hospitals shall provide, and the department shall administer, inpatient and outpatient hospital services other than those services listed in subsection (c)(18) of this section.

(Adopted effective October 12, 2005)

Sec. 17b-192-7. Service management

(a) Quality Management

(1) The ASO shall develop an annual Quality Management Program Plan that outlines the objectives and scope of its quality management activities, subject to the review and approval of the department.

(2) The ASO Quality Management Program Plan shall, at a minimum, include:

- (A) recipient and provider satisfaction surveys;
- (B) clinical issues studies that examine quality and access-related issues and resulting recommendations if any;
- (C) ongoing quality management activities including, but not limited to, prioritizing, monitoring, and analyzing problems identified through the utilization management, intensive care management, member services, and complaints and grievance processes;
- (D) quality improvement initiatives designed to address specific issues related to health care quality or access; and

(E) a quality management program evaluation.

(b) Utilization Management

(1) Hospital services administered by the department.

(A) Inpatient hospital services provided under the SAGA program shall be subject to the prior authorization requirements described in section 17-134d-80 of the Regulations of Connecticut State Agencies.

(B) Outpatient hospital services provided under the SAGA program shall be subject to the requirements described in the Department of Social Services Medical Services Policy section 150.2 through section 150.2.A.V.

(2) Services provided by the ASO as listed in section 17b-192-6(c) of the Regulations of Connecticut State Agencies shall be subject to utilization management as permitted under the contract between the department and the ASO.

(3) The ASO shall provide, on an annual basis, a Utilization Management Program Plan for approval by the department.

(4) Utilization management policies and procedures shall include, but not be limited to, criteria for authorization decisions and protocols for hospital discharge planning.

(5) No authorization shall be required for the following covered services:

(A) preventive care;

(B) family planning services, including, but not limited to:

(i) preventive family planning services;

(ii) oral contraceptives; and

(C) emergency ambulance services or emergency care.

(c) Intensive Care Management.

The ASO shall develop policies and procedures for the provision of intensive care management for individuals with complex health care needs, including, but not limited to, the criteria for undertaking intensive care management activities on behalf of a member. Such policies and procedures shall be subject to the review and approval of the department.

(d) Physician Incentive Plan.

The ASO may establish a physician incentive plan in accordance with its contract with the department.

(e) Coordination of Medical and Behavioral Health Services.

The ASO shall develop policies and procedures for the coordination of medical services with behavioral health services, including those services that may be provided by other state agencies or their agents. Such policies and procedures shall be subject to the review and approval of the department.

(Adopted effective October 12, 2005)

Sec. 17b-192-8. Billing and payment procedures

(a) Hospitals shall bill the department for services rendered to SAGA members as described in their provider agreement.

(b) Providers listed in section 17b-192-6(c)(18) of the Regulations of Connecticut State Agencies shall submit their bills in accordance with their contract with the ASO. The contract shall specify, at a minimum, the process for submitting claims, the process for adjudicating claims and the time frames for adjudicating claims.

(Adopted effective October 12, 2005)

Sec. 17b-192-9. Payment for hospitals

(a) The department, in consultation with the Office of Policy and Management shall, within available appropriations, establish an annual allocation for Connecticut's acute care hospitals and participating border hospitals.

(b) The department shall limit annual SAGA medical expenditures to acute care hospitals and participating border hospitals to the annual budgeted amount.

(c) The department shall reimburse hospital providers, in aggregate, approximately 1/12th of the annual hospital appropriation each month. The department shall allocate the monthly allotment to each hospital in proportion to its costs incurred in rendering inpatient and outpatient medical services to SAGA recipients.

(d) The department shall automatically adjust payments to ensure that the aggregate payment is within the monthly allotment. With each monthly claims cycle, aggregate SAGA hospital medical claims cost shall be compared to the monthly allotment.

(1) If the total claims cost of all hospitals is less than the allotment, payment for each claim shall be increased by a percentage such that the resulting total expenditure is equal to the allotment.

(2) If the total claims cost of all hospitals is more than the allotment, the payment for each claim shall be reduced by a percentage such that the resulting total expenditure is equal to the allotment.

(3) The percentage increase or reduction shall be applied uniformly across hospitals.

(Adopted effective October 12, 2005)

Sec. 17b-192-10. Payment rates for providers

(a) The ASO shall pay hospitals for outpatient services under section 17b-192-6(c)(18) of the Regulations of Connecticut State Agencies at the prevailing rate in the Medicaid program. Rates in excess of the prevailing Medicaid rate may be negotiated when necessary and on an interim basis to address issues related to access, as authorized by the department.

(b) Payment rates for other services shall be negotiated by the ASO. Rates in excess of the prevailing Medicaid rate shall require authorization by the department.

(Adopted effective October 12, 2005)

Sec. 17b-192-11. Documentation

(a) Providers shall maintain a specific record for each client eligible for Medical Assistance Program payment including, but not limited to: name; address; birth date; Medical Assistance Program identification number; pertinent diagnostic information; current and all prior treatment plans prepared by the provider; pertinent treatment notes signed by the provider; documentation of the dates of service; and other requirements as provided by federal and state statutes and regulations pursuant to 42 CFR 482.61 and, to the extent such requirements apply to a provider's licensure category, record requirements set forth in chapter iv of the Connecticut Public Health Code (sections 19-13-D1 to 19-13-D105, inclusive, of the Regulations of Connecticut State Agencies) and sections 19A-14-40 to 19A-14-51, inclusive, of the regulations of Connecticut State Agencies. Such records and information shall be made available to the department upon request.

(b) Providers shall maintain all required documentation for at least five years or longer as required by state or federal law or regulation in the provider's file subject to review by authorized department personnel. In the event of a dispute concerning goods or services provided, documentation shall be maintained until the end of the dispute, for five years, or the length of time required by state or federal law or regulation, whichever is greatest. Failure to maintain and provide all required documentation to the department upon request shall result in the disallowance and recovery by the department of any future or past payments made to the provider

for which the required documentation is not maintained and not provided to the department upon request, as permitted by state and federal law.

(c) Providers shall maintain documentation as specified in regulations adopted by the department specific to their type and specialty.

(Adopted effective October 12, 2005)

Sec. 17b-192-12. Grievance and administrative hearing process

(a) Grievance Process

The ASO shall have an organized grievance process under which a member may request review of an ASO decision. The process shall be described in the member handbook published by the ASO.

(b) Administrative Hearing

A member may request an administrative hearing from the department only after the ASO grievance procedure has been exhausted.

(c) Health Care Provider Appeal Process

(1) The ASO shall have an internal provider appeal process under which a health care provider may request review of a coverage or payment decision.

(2) The health care provider appeal process shall not include any appeal right to the department or any right to an administrative hearing.

(Adopted effective October 12, 2005)