TO: **Federally Qualified Health Centers**

RE: **Reporting Requirements for E-Consultations Performed at Federally Qualified Health Centers**

This provider bulletin is an addendum to Provider Bulletin PB 16-67 and is intended to provide additional information about the reporting requirements for e-consultations (e-consults) performed at Federally Qualified Health Centers (FQHCs).

New Reporting Timeline:
The Department has changed the reporting submission timeline for FQHCs to submit their first quarter reports covering the time period from July 1, 2016 - September 30, 2016. FQHCs will be expected to submit their first quarter reports at the same time that their second quarter reports are submitted. First and second reports should be submitted to the Department within thirty (30) days of January 31, 2017.

The quarterly reports for the third and fourth quarter must respectively be submitted by April 29, 2017 and July 30, 2017.

E-consults' Reporting Format:
FQHCs should refer to page 2 of this provider bulletin for the instructions on the format and structure of the required report. An example of how the report should be structured can be found on page 3 of this bulletin.

In an effort to protect the member's personal health information (PHI), the member's Medicaid identification number should be excluded from the quarterly reports for e-consults. None of the other information

requested by the Department involves PHI, so encryption of the reports is not required.

The required report can be submitted as a Microsoft Word document, a Microsoft Excel spreadsheet, or as a PDF; without encryption.

Quarterly reports should be emailed to con-ratesetting.dss@ct.gov.

Payment Timeline:
The Department anticipates that the supplemental payments for e-consults performed during the first and second quarters will be released thirty (30) days after the receipt of required reports.

Payments for the third and fourth quarters will be issued thirty (30) days after the receipt of required reports by the Department.

Late submission of quarterly reports (e.g. received and time stamped by the Department after the submission date) will result in payment delay.

Hewlett Packard Enterprise

Questions? Need assistance? Call the Provider Assistance Center Mon. – Fri. 8:00 a.m. – 5:00 p.m. Toll free 1-800-842-8440 or write to Hewlett Packard Enterprise, PO Box 2991, Hartford, CT 06104 Program information is available at www.ctdssmap.com

DSS Quarterly E-Consult Report Instructions

Attention! Please fill out one report for each quarter of e-consult billing. For example, if e-consult billing occurred during a full 12-month period, you must provide four reports for the period. A report is also required for partial billing

E-Consult Report Tab: Description for Rows 3 - 7	
Date	Date the report was completed.
Reporting Period	Quarter and year for which the report is completed. Example, Q3 2017
FQHC Name	FQHC name under which e-consult billing occurred.
FQHC AVRS ID#	AVRS ID# under which e-consult billing occurred. Only e-consults related to medical diagnoses may receive payment. No payment for dental or behavioral health services.
Contact Name & Phone Number	Contact name and phone number of the person the Department speak with regarding reporting questions.

E-Consult Report Tab: Column Header Descriptions (Row 8)	
ICN# of Referring Medical Visit	ICN# of the medical visit when the patient is referred for an e-consult with the specialist.
Specialist NPI	NPI of the specialist performing the e-consult. Specialists must be licensed to practice in Connecticut and be enrolled as a Medicaid provider.
Specialist Name	Name of specialist performing the e-consult.
Diagnosis Code	Diagnosis Code featured on the e-consult claim.
Specialty	Specialty category that the e-consult falls under. Example, cardiology, dermatology etc.
E-Consult Result (F2F v. Non-F2F)	E-consults should provide better access to specialists and decrease face-to-face visits. Please report if the e-consult was able to resolve the issue, or if a face-to-face visit was still required.
Specialist Date of Service	Date the specialist reviewed the e-consult.
E-Consult Closed Date	Date the e-consult was closed. List "Pending" if the e-consult is still open.
Close Status	Please report the result of the e-consult. An e-consult may be pending closure due to a variety or reasons, please describe as best as possible, the reason for pending closure.
Non-Medicaid E-Consult Funding Source	Please list any additional funding sources for the e-consult visit such as grants, private insurance billed for the e-consult etc.
Amount of Non-Medicaid E- Consult Funding Source	Please list the dollar amount of any additional funding (non-Medicaid) sources for the e-consult visit such as grants, private insurance billed for the e-consult etc.

DSS Quarterly E-Consult Report

Date:
Reporting Period (Quarter & Year):
FQHC Name:
FQHC AVRS ID#:
Contact Name & Phone Number:

ICN# of Referring Medical Visit	Specialist NPI	Specialist Name	Diagnosis Code(s)	Specialty	E-Consult Result (F2F v. Non-F2F)	Specialist Date of Service	E-Consult Closed Date	Close Status	Non-Medicaid E- Consult Funding Source	Amount of Non- Medicaid E-Consult Funding Source
	EXAMPLE	Dr. Jane Doe	M54.5	Cardiology	Non-F2F	12/28/1999	1/1/2000	Patients Needs Addressed	Grant	
	EXAMPLE	Dr. Jane Doe	R79.89	Dermatology	Face-to-Face	12/28/1999	1/1/2000	Refer for Face-to-Face Visit	TPL	
	EXAMPLE	Dr. Jane Doe	I89.0	Orthopedics	Non-F2F	12/28/1999	Pending	Pending Diagnostics	Medicare	
	EXAMPLE	Dr. Jane Doe	R21	Endocrinology	Non-F2F	12/28/1999	Pending	Pending Therapeutic Outcome	Private	
	EXAMPLE	Dr. Jane Doe	R21	Cardiology	Face-to-Face	12/28/1999	1/1/2000	Refer for Face-to-Face Visit	Self-Pay	