

interChange Provider Important Message

To: Home Health Agencies (HHA) and Home and Community Based Services Providers (HCBS)

Value Based Payment June 2023 Benchmark Quarter

****Action Required****

The Department of Social Services will soon be issuing payment for the Value Based Payment quarter ending June 2023. Please see the attached form for details.

The attached form must be printed, completed, and returned to DSSARPVBP@ct.gov to receive payment for the June 2023 Benchmark Quarter.

Provider ID/AVRS ID is required to process the payment.

Payments are expected to be processed in the July 21st, 2023 claim cycle for completed forms received by noon on July 12th, 2023.

If you have any questions, please email DSSARPVBP@ct.gov.

ARP 9817 Value Based Payment Provider Memo

****ACTION REQUIRED****

To: Home and Community Based Services (HCBS) Providers and Home Health Agency (HHA) Providers

RE: Value Based Payment June 2023 Benchmark Quarter

Dear HCBS and/or HHA Provider,

The Department of Social Services (DSS) will soon be issuing payment for the Value Based Payment quarter ending June 2023. This quarter's Value Base Payments requirements included the following:

1. Identification of your organization's Health Information Exchange (HIE) Administrator (including completing HIE training (s) and accessing tools for the HIE portal);
2. Completion of Racial Health Equity Learning Collaborative.
3. Completion of Tools for Workers Learning Collaborative; and
4. ****New providers must complete the above listed items and all previous Racial Health Equity Learning Collaboratives and Signing the USE CASE Agreement with CONNIE.**

Providers were not able to complete requirement 1 as the portal is under development. The Department will be issuing payments for providers who meet requirements 2 and 3 (as well as 4 for new providers), contingent upon providers agreeing to meeting requirement 1 when it is made available by DSS. More information will be provided via Provider Important Message (IM) through the Connecticut Medical Assistance Program (Gainwell Technology portal). Please submit this form agreeing to meet requirement 1 once the portal is available. This form must be completed and sent back to the Department by the date listed below to receive this quarter's payment.

Should you fail to complete Requirement 1 within 2 months of the portal's availability, the Value Based Payment for quarter ending June 2023 may be recouped by the Department of Social Services. Please return this form to the Department of Social Services via email to DSSARPVBP@ct.gov by July 12, 2023.

As a duly authorized official of this provider organization, my organization agrees to identifying a Health Information Exchange (HIE) Administrator, completing training (s) related to the HIE, and accessing tools for the HIE portal, when the information is made available by the Department of Social Services. If the provider entity does not meet this requirement in the future, the Value Based Payment for quarter ending June 2023 may be recouped by the Department of Social Services.

_____ **Signature** _____ **Printed Name**

Title: _____, Duly Authorized _____ **Date**

_____ **Provider Entity Name**

_____ **Provider ID/AVRS ID**

