



Connecticut Medical Assistance Program
Policy Transmittal 2015-13

PB 2015-14
February 2015

Roderick L. Bremby, Commissioner

Effective Date: July 1, 2014
Contact: Dawn Lambert @ 860-424-4897

TO: Home Health Services Providers
RE: Incentives for Medication Certification of Home Health Aides and for Administration of Medication by a Certified Home Health Aide

The Department of Social Services (DSS), Division of Health Services has established an incentive pool in the amount of \$200,000 effective from October 1, 2014 through June 30, 2015. This pool will fund incentives for medication certification of home health aides and incentives for administration of medication by certified home health aides.

**INCENTIVE FOR MEDICATION
CERTIFICATION OF HOME HEALTH AIDES**

Effective July 1, 2014, home health agencies are eligible to be paid \$100 for the first home health aide certified, \$200 for the second home health aide certified, and \$300 for the third home health aide certified. Payments will be made based on submission of the attached invoice by the home health agency to DSS, Division of Financial Services, Benefit Accounting, 55 Farmington Ave, Hartford, CT 06105. Invoices must include a copy of the appropriate certification form for all employees for which the agency seeks an incentive payment.

**INCENTIVES FOR ADMINISTRATION OF
MEDICATION BY A CERTIFIED HOME
HEALTH AIDE**

An incentive of \$2 per claim will be paid once any single provider's home health aide claims volume reaches 5% of the total medication administration services provided.

An additional incentive of \$2 per claim will be paid once any single provider's home health aide claims volume reaches 10% of the total medication administration services provided.

**PROCESS FOR DETERMINING MEDICATION
ADMINISTRATION SERVICES INCENTIVE
PAYMENT**

A detailed claims review of Medication Administration procedure codes will be performed no later than 60 days after the quarter ending December 31, 2014. This will include all dates of services within the October 1,

2014 to December 31, 2014 timeframe. This will allow limited claims run out to occur.

The 5% and 10% benchmarks will be reviewed at that time to determine if payments are due to any provider, and payments will be issued accordingly.

A second detailed claims review will be performed 60 days following the quarter ending March 31, 2015, once again allowing for limited claims run out. This will include all dates of service within the January 1, 2015 to March 31, 2015 timeframe. Payments will be issued to any providers earning such incentives based upon this data.

At the same time the second detailed claims review is processed, an update of the quarter ending December 31, 2014 will be completed to collect further claims run out for that period. A review of the 5% and 10% benchmarks for that quarter will be performed and any additional amounts owed will be paid, as will amounts due for the quarter ending March 31, 2015.

A third detailed claims review will be performed 60 days following the quarter ending June 30, 2015, once again allowing for limited claims run out. This will include all dates of service within the April 1, 2015 to June 30, 2015 timeframe. Payments will be issued to any providers earning such incentives based upon this data.

At the same time the third detailed claims review is performed, an update of the quarters ending December 31, 2014 and March 31, 2015 will be completed to collect further claims run out for those periods. A review of the 5% and 10% benchmarks for those quarters will be performed and any additional amounts due will be paid, as will amounts due for the quarter ending June 30, 2015.

A final detailed claims review will be performed on or around January 1, 2016 for the full October 1, 2014 to June 30, 2015 period. With additional claims run out for the full period, more providers may qualify and/or adjustments may be made for those providers that have

previously qualified. This will represent the final reconciliation payments for the period and will close out the incentive pool.

If at any earlier point in time the pool is exhausted, all incentive payments will terminate.

Posting Instructions: Holders of the Connecticut Medical Assistance Program Provider Manual should replace their existing fee schedule with the new schedule effective 1/1/2015. Policy transmittals can

also be downloaded from the Connecticut Medical Assistance Program 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: For questions related to medical services: DSS, Division of Health Services, Medical Policy Section; Dawn Lambert, (860) 424-4897.

State of Connecticut Medication Administration Certification Request for Incentive Payment

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|-------------------------------|--------------------|--|-------------------------------------|
| Home Health Agency Name: | | | |
| | | Indicate if 1st, 2nd or 3rd Aide Certified | Indicate Reimbursement Level* |
| Employee Name | Certification Date | | |
| | | | |
| | | | |
| Total Reimbursement Requested | | | |

*\$100 for 1st Aid Certification, \$200 for second aid certification, and \$300 for third certification

All Requests Should Include a Copy of the Appropriate Certification Form for all Employees Included in the Request

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| Home Health Agency Official (Executive Officer or CFO) | |
| Signature of Executive Official | |
| Date Submitted for Reimbursement | |
| Completed forms should be sent to: | |
| Department of Social Services | |
| Division of Financial Services, Benefit Accounting | |
| 55 Farmington Avenue | |
| Hartford, CT 06105 | |

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|----------------------------------|--|
| DSS Use Only | |
| Date Received at DSS | |
| DSS Payment Authorizing Official | |
| Payment Processing Date: | |