



## **Connecticut – CMS Medicaid 1135 Waivers Update**

- Waives prior authorization requirements under Medicaid FFS or the State Plan
- Extends authorizations for a beneficiary that already received prior authorization
- Provide additional time regarding fair hearings and appeals requests for Medicaid patients
- Provides for a new date to submit state plan amendments related to the COVID-19 emergency
  - Applies only to state plan amendments that provide/increase beneficiary access to items and services related to COVID-19 for specified time
- Waives public notice requirements related to state plan amendment submission process
  - Applies only to state plan amendments that provide/increase beneficiary access to items and services related to COVID-19 for specified time
- Allows modification of timeframes for required tribal consultation
  - Applies only to state plan amendments that provide/increase beneficiary access to items and services related to COVID-19 for specified time
- Provider Enrollment Waivers
  - Temporarily allows CT to enroll providers already enrolled with another State’s Medicaid program or Medicare
  - For providers not currently enrolled in another State’s Medicaid program or Medicare:
    - CMS waived the following enrollment requirements:
      - Application fee
      - Criminal background checks
      - Site visits
      - Connecticut licensure verification requirements
    - Providers will need to provide the following information to be enrolled:
      - Minimum data to file and process claims (including NPI)
      - SSN, EIN, and/or Tax ID for OIG exclusion list check and licensed in at least one state
    - Payment for these providers must stop within six months of the termination of the public health emergency
    - Providers’ temporary enrollment status will end when the public health emergency has ended
    - May retroactively be enrolled no earlier than March 1, 2020
  - Temporarily stop revalidation of providers located in CT
  - For reimbursement for claims submitted by out-of-state providers enrolled with another State’s Medicaid Agency or Medicare, CMS is waiving the fifth criterion below:
    - 1. The out-of-state provider (includes pharmacy) furnished the item or service outside of CT
    - 2. The NPI is on the claim
    - 3. The provider is enrolled and in “approved” status in Medicaid or another State’s Medicaid program
    - 4. The claim represents the services furnished
    - 5. The represents either:



- A single instance of care furnished over a 180-day period, or
- Multiple instances of care furnished to a single participant, over a 180-day period
- *This requirement is waived and Connecticut may reimburse out-of-state providers for multiple instances of care to multiple participants, so long as the other criteria listed above are met.*
- Facilities may set up alternative sites in unlicensed facilities to provide services
  - The State must make an assessment that the facility meets minimum standards
  - Includes NFs, ICF/IDDs, psych residential treatment facilities, and hospital NFs
- The waivers are effective March 1, 2020 – until termination of the public health emergency