



House of Representatives

General Assembly

File No. 343

January Session, 2001

House Bill No. 5609

House of Representatives, April 18, 2001

The Committee on Human Services reported through REP. GERRATANA of the 23rd Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT CONCERNING ENROLLMENT OF HOSPITAL PATIENTS IN THE HUSKY PLAN.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subdivision (22) of section 17b-290 of the general statutes
2 is repealed and the following is substituted in lieu thereof:

3 (22) "Qualified entity" means any entity: (A) Eligible for payments
4 under a state plan approved under Medicaid and which provides
5 medical services under the HUSKY Plan, Part A or a hospital or is
6 authorized to determine eligibility of (i) a child to participate in a Head
7 Start program under the Head Start Act, (ii) a child to receive child
8 care services for which financial assistance is provided under the Child
9 Care and Development Block Grant Act of 1990, or (iii) a child to
10 receive assistance under WIC; and (B) that is determined by the
11 commissioner to be capable of making the determinations specified in
12 subparagraph (A) of this subdivision. The commissioner shall provide
13 qualified entities with such forms as are necessary for an application to

14 be made on behalf of a child under the HUSKY Plan, Part A and
15 information on how to assist parents, guardians and other persons in
16 completing and filing such forms.

17 Sec. 2. This act shall take effect from its passage.

HS *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: Potential Cost

Affected Agencies: Department of Social Services

Municipal Impact: None

Explanation

State Impact:

This bill adds hospitals to the list of entities that grant presumptive eligibility under the HUSKY Plan. The Department of Social Services is currently determining interest among the state’s hospitals in granting presumptive eligibility with the intent of allowing interested facilities to do so. It is not known how many hospitals will be interested in performing this task voluntarily. To the extent that this bill results in more hospitals granting presumptive eligibility than would have voluntarily, enrolment, and thus costs, in the HUSKY program may increase. However, the recommended funding levels for the HUSKY program included in HB 6668 (the FY02 – FY03 budget bill) assume caseload increases and should be sufficient to handle any increased enrolment as a result of this bill.

OLR BILL ANALYSIS

HB 5609

***AN ACT CONCERNING ENROLLMENT OF HOSPITAL PATIENTS
IN THE HUSKY PLAN.*****SUMMARY:**

This bill specifies that hospitals can be “qualified entities” for purposes of determining “presumptive eligibility” to enroll children who are their patients in HUSKY Plan, Part A. Current law defines a “qualified entity” as any entity (1) eligible for payments under the state Medicaid plan that provides medical services under the HUSKY Plan, Part A, which is funded by Medicaid. (Hospitals already appear to fit this definition.) The law also requires the social services commissioner to provide these qualified entities with the forms needed for an application to be made on behalf of an eligible child and information on how to assist parents, guardians, and others in completing the forms.

EFFECTIVE DATE: Upon passage

BACKGROUND***HUSKY Plan***

The HUSKY Plan provides subsidized health insurance coverage to children up to age 19 living in families with incomes up to (1) 185% of the federal poverty level (FPL) under Part A and (2) 300% of the FPL under Part B. Families with higher incomes can also participate, but the benefits are unsubsidized. Families in Part A have no co-insurance requirements; those in Part B pay premiums and co-payments.

Presumptive Eligibility

Federal law allows a state Medicaid plan to make medical services available to children under age 19 covered by Medicaid during a

“presumptive eligibility period, “ which begins when the entity such as a hospital determines, based on preliminary information, that the child’s family income is within the program’s limits. The period ends when a final decision is made on the child’s eligibility or, if a child’s application has not been filed, on the last day of the month following the month when the initial presumption of eligibility was made, whichever is earlier (42 U.S.C. § 1396r-1a, as amended by PL 106-554). The child's medical care is covered during this period. State law requires the DSS commissioner to implement presumptive eligibility for children applying for Medicaid, in accordance with the federal law, and to establish standards and procedures for designating organizations as qualified entities. DSS is in the process of authorizing a number of entities to make these presumptive eligibility determinations. Hospitals are already scheduled to begin doing this in May 2001.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Report
Yea 16 Nay 0