



House of Representatives

General Assembly

File No. 742

January Session, 2001

Substitute House Bill No. 5609

House of Representatives, May 10, 2001

The Committee on Public Health reported through REP. EBERLE of the 15th Dist., Chairperson of the Committee on the part of the House, that the substitute 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2 is repealed and the following is substituted in lieu thereof: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 is a hospital
6 authorized by the commissioner or is authorized to determine
7 eligibility of (i) a child to participate in a Head Start program under the
8 Head Start Act, (ii) a child to receive child care services for which
9 financial assistance is provided under the Child Care and
10 Development Block Grant Act of 1990, or (iii) a child to receive
11 assistance under WIC; and (B) that is determined by the commissioner
12 to be capable of making the determinations specified in subparagraph
13 (A) of this subdivision. The commissioner shall provide qualified

14 entities with such forms as are necessary for an application to be made
15 on behalf of a child under the HUSKY Plan, Part A and information on
16 how to assist parents, guardians and other persons in completing and
17 filing such forms.

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

PH *Joint Favorable Subst.*

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 sHB 6668 (the Appropriations Act, as favorably approved by the Appropriations Committee) assume caseload increases and should be sufficient to handle any increased enrolment as a result of this bill.

OLR BILL ANALYSIS

sHB 5609

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

This bill specifies that hospitals, if authorized by the social services commissioner, can be “qualified entities” for purposes of determining “presumptive eligibility” to enroll children who are their patients in the HUSKY Plan, Part A. Current law defines a “qualified entity” as any entity eligible for payments under the state Medicaid plan that provides medical services under the HUSKY Plan, Part A, which is funded by Medicaid. (Hospitals appear to fit this definition already.) The law also requires the commissioner to provide 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 an 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.

Legislative History

On April 24, the House referred the original bill (File 343) to the Public Health Committee, which added the requirement for the social services commissioner's authorization and reported it out favorably on April 25.

Related Bill

HB 6940 allows any acute care general hospital licensed by the Department of Public Health and approved by the social services commissioner to implement presumptive eligibility for appropriate Medicaid applicants. The presumptive eligibility determinations must follow applicable federal law and regulations. The statute the bill amends requires the commissioner to implement presumptive eligibility under Medicaid for appropriate applicants with an emphasis on pregnant women. On April 24, the House referred the bill (File 384) to the Public Health Committee, which added the requirement for the social services commissioner's authorization and reported it favorably on April 25.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Report
Yea 16 Nay 0

Public Health Committee

Joint Favorable Substitute
Yea 25 Nay 0