



House of Representatives

General Assembly

File No. 710

January Session, 2007

Substitute House Bill No. 7299

House of Representatives, May 2, 2007

The Committee on Appropriations reported through REP. MERRILL of the 54th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING REIMBURSEMENT RATES TO PHYSICIANS WHO PROVIDE EMERGENCY ROOM SERVICES TO MEDICAID RECIPIENTS.

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

1 Section 1. Subsection (e) of section 17b-239 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective July*
3 *1, 2007*):

4 (e) The commissioner shall adopt regulations, in accordance with
5 the provisions of chapter 54, establishing criteria for defining
6 emergency and nonemergency visits to hospital emergency rooms. All
7 nonemergency visits to hospital emergency rooms shall be paid at the
8 hospital's outpatient clinic services rate. The rate paid by the
9 commissioner to any emergency room physician who is not an
10 employee of the hospital and who provides professional services to a
11 Medicaid beneficiary in the emergency room of a hospital, who is
12 thereafter admitted to such hospital, shall be separate and distinct
13 from the rate provided to such hospital for the provision of services.

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 chamber thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 08 \$	FY 09 \$
Department of Social Services	GF - Cost	Potential	Potential

Municipal Impact: None

Explanation

This bill clarifies Medicaid billing policies for instances when a contracted physician provides services in an emergency room of a hospital. When such a physician is not an employee of the hospital, a rate will be paid that is separate and distinct from the rate provided to the hospital. Although this may result in increased Medicaid cost, any such increase is not expected to be significant.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sHB 7299*****AN ACT CONCERNING REIMBURSEMENT RATES TO PHYSICIANS WHO PROVIDE EMERGENCY ROOM SERVICES TO MEDICAID RECIPIENTS.*****SUMMARY:**

This bill requires that the rate the Department of Social Services (DSS) pays for emergency room (ER) physicians who (1) are not hospital employees and (2) provide professional services to Medicaid recipients in the ER who are subsequently admitted to the hospital to be separate and distinct from the rate the department pays the hospital for providing services.

EFFECTIVE DATE: July 1, 2007

BACKGROUND***Payment Rates***

Under current DSS policy, DSS pays hospitals a global, all-inclusive rate when a Medicaid recipient goes to the ER and is subsequently admitted. This rate, which covers each 24-hour period the patient is in the hospital, includes the time spent in the ER and all emergency services rendered. (It is not clear whether the hospitals' cost reports, upon which the global rate is based, include the professional services provided in the ER.) A separate payment is already available for professional services rendered in an ER when the patient is not admitted.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute Change of Reference

Yea 17 Nay 0 (03/20/2007)

Appropriations Committee

Joint Favorable

Yea 47 Nay 0 (04/17/2007)