



General Assembly

January Session, 2007

Committee Bill No. 203

LCO No. 3524

* SB00203HS_APP030107 *

Referred to Committee on Human Services

Introduced by:
(HS)

AN ACT CONCERNING FULL PAYMENT TO MEDICAL ASSISTANCE PROVIDERS FOR SERVICES PROVIDED TO DUALY ELIGIBLE PATIENTS.

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

1 Section 1. Subsection (b) of section 17b-265 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective July*
3 *1, 2007*):

4 (b) When a recipient of medical assistance has personal health
5 insurance in force covering care or other benefits provided under such
6 program, payment or part-payment of the premium for such insurance
7 may be made when deemed appropriate by the Commissioner of
8 Social Services. [Effective January 1, 1992, the commissioner shall limit
9 reimbursement to medical assistance providers, except those providers
10 whose rates are established by the Commissioner of Public Health
11 pursuant to chapter 368d, for coinsurance and deductible payments
12 under Title XVIII of the Social Security Act to assure that the combined
13 Medicare and Medicaid payment to the provider shall not exceed the
14 maximum allowable under the Medicaid program fee schedules.]
15 Medical assistance providers, who contract with the Department of

16 Social Services to provide medical assistance to individuals eligible for
17 both Medicaid and Medicare under 42 USC 1396d(p), shall receive the
18 full deductible and coinsurance payments from the department for
19 medical assistance covered under Title XVIII of the Social Security Act.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>July 1, 2007</i>	17b-265(b)
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HS

Joint Favorable C/R

APP