



House of Representatives

General Assembly

File No. 63

February Session, 2010

Substitute House Bill No. 5329

House of Representatives, March 16, 2010

The Committee on Human Services reported through REP. WALKER of the 93rd 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2 repealed and the following is substituted in lieu thereof (*Effective July*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, 2010*):

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 an emergency room physician who (1) provides
10 professional services to a Medicaid beneficiary in the emergency room
11 of a hospital, and (2) does not receive a salary or subsidy to provide
12 such services in such hospital, shall be separate and distinct from the
13 rate provided to such hospital for the provision of services. Nothing

14 contained in this subsection or the regulations adopted hereunder shall
15 authorize a payment by the state for such services to any hospital in
16 excess of the charges made by such hospital for comparable services to
17 the general public.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2010</i>	17b-239(e)

HS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect
Department of Social Services	GF - See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill clarifies Medicaid billing policies for instances when a physician provides services in an emergency room of a hospital. When such a physician does not receive a salary or subsidy from the hospital, a rate will be paid that is separate and distinct from the rate provided to the hospital. The impact of this provision will be dependent upon the rates that are established, which are not specified in the bill. To the extent that the new physician rate, combined with the rate the hospital then receives, exceeds what Medicaid currently pays to the hospitals in the instances, additional costs may result.

The Out Years

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

OLR Bill Analysis**sHB 5329*****AN ACT CONCERNING REIMBURSEMENT RATES TO PHYSICIANS WHO PROVIDE EMERGENCY ROOM SERVICES TO MEDICAID RECIPIENTS.*****SUMMARY:**

This bill requires the Department of Social Services (DSS) to pay a rate for emergency room (ER) physicians who (1) treat Medicaid recipients in a hospital ER that is and (2) do not receive a salary or subsidy from the hospital separate and distinct from the rate DSS pays the hospital for providing services.

EFFECTIVE DATE: July 1, 2010

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 to the hospital. 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. DSS pays separate rate for professional services rendered in an ER when the patient is not admitted.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 18 Nay 0 (03/04/2010)