



House of Representatives

General Assembly

File No. 531

January Session, 2015

Substitute House Bill No. 6960

House of Representatives, April 8, 2015

The Committee on Human Services reported through REP. ABERCROMBIE of the 83rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING MEDICAID PRESCRIPTIONS WRITTEN BY HOSPITAL RESIDENT PHYSICIANS AND INTERNS AND THE IMPLEMENTATION OF ELECTRONIC HEALTH RECORD STANDARDS.

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

1 Section 1. Section 17b-239 of the general statutes is amended by
2 adding subsection (j) as follows (*Effective from passage*):

3 (NEW) (j) Not later than October 1, 2015, the Commissioner of Social
4 Services shall adjust the Medicaid claims approval process for services
5 ordered, prescribed or referred by hospital interns and resident
6 physicians so that such process is consistent with the standards of
7 Medicare and other payors. To the extent permissible under federal
8 law, the commissioner shall not require that a hospital intern or
9 resident physician individually enroll as a Medicaid provider or be
10 identified individually on any order, prescription or referral related to
11 a Medicaid claim in order to process such claim, provided the claim
12 contains the identification number of an attending physician.

13 Sec. 2. Subsection (b) of section 17b-34 of the general statutes is
 14 repealed and the following is substituted in lieu thereof (*Effective July*
 15 *1, 2015*):

16 (b) The Commissioner of Social Services shall, in accordance with
 17 Section 4201 of the American Recovery and Reinvestment Act of 2009,
 18 P.L. 111-5, develop and implement a Medicaid health information
 19 technology plan and shall establish a Medicaid electronic health record
 20 incentive program to provide incentives for hospitals and other health
 21 care providers which adopt and meaningfully use electronic health
 22 records to improve patient health and the quality and efficiency of
 23 health care service delivery. Eligible hospitals and other health care
 24 providers that participate in the program shall not be subject to data
 25 transmission testing standards for public health reporting that exceed
 26 standards recommended by the federal Centers for Medicare and
 27 Medicaid Services. To the extent permissible under federal law, the
 28 commissioner shall only require one test submission of a given
 29 certified electronic health record technology from multiple health care
 30 providers who are using the same certified electronic health record
 31 technology in a shared physical setting.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-239
Sec. 2	<i>July 1, 2015</i>	17b-34(b)

Section 1	<i>from passage</i>	17b-239
Sec. 2	<i>July 1, 2015</i>	17b-34(b)

Statement of Legislative Commissioners:

In Section 1, the second sentence was rephrased for clarity, and in Section 2, "health care providers" was changed to "other health care providers" for consistency with the defined term, "one test" was changed to "one test submission", "if" was changed to "from" and "are using" was changed to "who are using" for clarity.

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:** None**Municipal Impact:** None**Explanation**

The bill requires the Department of Social Services to adjust certain Medicaid claim approval processes to be consistent with Medicare and other payers. It further specifies certain requirements concerning the enrollment of hospital interns and resident physicians. As the enrollment requirements are to the extent permissible under federal law, no federal reimbursement adjustment or associated state fiscal impact is anticipated. The bill also makes changes to the Medicaid electronic health incentive programs. There is no associated fiscal impact.

The Out Years**State Impact:** None**Municipal Impact:** None

OLR Bill Analysis**sHB 6960*****AN ACT CONCERNING MEDICAID PRESCRIPTIONS WRITTEN BY HOSPITAL RESIDENT PHYSICIANS AND INTERNS AND THE IMPLEMENTATION OF ELECTRONIC HEALTH RECORD STANDARDS.*****SUMMARY:**

This bill requires, by October 1, 2015, the Department of Social Services (DSS) to allow, in certain circumstances, resident physicians and hospital interns to submit Medicaid claims using an attending physician's National Provider Identifier (NPI). To the extent permissible under federal law, if a Medicaid claim contains an attending physician's NPI, the bill prohibits DSS from requiring that a hospital intern or resident physician (1) individually enroll as a Medicaid provider or (2) be individually identified on any order, prescription, or referral related to a Medicaid claim (See BACKGROUND).

The bill requires DSS, by October 1, 2015, to adjust the Medicaid claims approval process for services ordered, prescribed, or referred by hospital interns and resident physicians to be consistent with Medicare standards and standards of other payors. (The bill does not specify what, if anything, beyond the prohibition would be required to adjust the claims approval process.)

The bill also restricts DSS from imposing certain requirements as part of the Medicaid electronic health incentive program. By law, DSS administers this program, which provides incentives for providers that adopt and meaningfully use electronic health records to improve (1) patient health and (2) the quality and efficiency of health care service delivery. The bill prohibits DSS from subjecting hospitals and other

providers in the program to data transmission testing standards for public health reporting that exceed recommended federal Centers for Medicare and Medicaid Services (CMS) standards. Under the bill, to the extent federal law allows, DSS may only require one test submission of a certified electronic health record technology that multiple health care providers use in a shared physical setting.

EFFECTIVE DATE: Upon passage for the provision on Medicaid claims and July 1, 2015 for the electronic health record incentive provision.

BACKGROUND

Standards for Claims Approval

According to federal CMS guidance on implementing the federal Affordable Care Act, all Medicaid claim payments for ordered or referred services must include the NPI of the ordering or referring physician or other professional. In cases where providers are permitted under state law to order or refer services for Medicaid beneficiaries but do not have NPIs and are not authorized to enroll as Medicaid providers (e.g., certain residents), state Medicaid agencies (i.e., DSS) must determine which NPI number should be applied to the claim for payment. For example, in some cases, CMS would allow a hospital resident who orders a prescription to apply the NPI of the hospital or supervising physician to the Medicaid claim.

Medicaid Electronic Health Record Incentive Program

The federal Medicaid Electronic Health Record (EHR) program provides incentive payments to eligible Medicaid providers to adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 16 Nay 0 (03/24/2015)