

General Assembly

February Session, 2024

Substitute Bill No. 5459

AN ACT INCREASING RATES OF MEDICAID REIMBURSEMENT FOR CERTAIN PROVIDERS.

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

1 Section 1. (Effective July 1, 2024) (a) As used in this section, (1) 2 "Medicaid rate study" means the study commissioned by the 3 Department of Social Services pursuant to public act 23-186; (2) "select providers" means providers reimbursed under the Medicaid program 4 5 for behavioral health services, physician specialty services, including 6 surgery, anesthesia and radiology, autism services and dental services; 7 and (3) "five-state rate benchmark" means the average of rates for the 8 same services in Maine, Massachusetts, New Jersey, New York and 9 Oregon.

10 (b) Within available appropriations, the Commissioner of Social 11 Services shall implement the phase one recommendations of the 12 Medicaid rate study for select providers, including, but not limited to: 13 (1) Developing new rate methodology for behavioral health services 14 based on independently determined cost information and market 15 factors such as wage information recorded by the United States 16 Department of Labor's Bureau of Labor Statistics and provider 17 qualifications; (2) adjusting physician specialist service rates to a 18 specified percentage of Medicare rates for the same services; (3) 19 adjusting autism direct service rates to the five-state rate benchmark,

developing new service definitions and considering provider education
levels to standardize payment rates; and (4) adjusting dental service
rates to a specified percentage of the five-state rate benchmark,
achieving payment parity for adult and pediatric dental services and
creating incentives for service delivery and correct medical coding for
service payment.

26 (c) Not later than December 1, 2024, the Commissioner of Social 27 Services shall file a report on implementation of the recommendations, 28 in accordance with the provisions of section 11-4a of the general statutes, 29 with the joint standing committees of the General Assembly having 30 cognizance of matters relating to appropriations and the budgets of state 31 and human services. The shall agencies report include 32 recommendations regarding state appropriations needed to implement 33 subsequent phases of the Medicaid rate study recommendations.

Sec. 2. (*Effective from passage*) Notwithstanding the provisions of section 17b-239 of the general statutes, the Commissioner of Social Services shall, within available appropriations, on or before July 1, 2024, increase by two hundred dollars the per diem rate for a chronic disease hospital accredited by the Commission on Accreditation of Rehabilitation Facilities.

40 Sec. 3. (Effective July 1, 2024) As used in this section, "All Patients 41 Refined Diagnosis Related Groups" or "APR-DRG" means a 42 classification system that classifies patients according to the reason for 43 their admissions, severity of illness and risk of mortality. Within 44 available appropriations, the Commissioner of Social Services shall 45 amend the Medicaid state plan to increase the (1) APR-DRG base 46 Medicaid reimbursement rate, and (2) Medicaid reimbursement rate for 47 physician services provided by physicians employed by or under 48 contract to the Connecticut Children's Medical Center.

Sec. 4. (*Effective July 1, 2024*) Within available appropriations, the
Commissioner of Social Services shall increase the flat Medicaid billing
rate for professional services from one hundred twenty dollars per hour

to one hundred sixty-nine dollars per hour for a provider of services
under the birth-to-three program established pursuant to chapter 319b
of the general statutes.

55 Sec. 5. (*Effective from passage*) The sum of ten million dollars is 56 appropriated to the Department of Social Services, from the General 57 Fund, in each of the fiscal years ending June 30, 2025, June 30, 2026, and 58 June 30, 2027, for the purpose of increasing Medicaid rates of 59 reimbursement for medical and dental services provided by federally 60 qualified health centers.

61 Sec. 6. (*Effective July 1, 2024*) (a) The Commissioner of Social Services 62 shall study rates of Medicaid reimbursement for durable medical 63 equipment, orthotics, prosthetics and supplies to determine how such 64 rates compare to the five-state rate benchmark as defined in section 1 of 65 this act and Medicare rates.

66 (b) The study shall include, but need not be limited to, estimated state 67 cost to (1) align rates of reimbursement for such equipment, orthotics, 68 prosthetics and supplies with the Medicare rate for such equipment, 69 orthotics, prosthetics and supplies, (2) if the rates are lower than the five-70 state rate benchmark, align such rates with such benchmark, (3) provide 71 an annual increase in rates equal to any increase in the consumer price 72 index for all urban consumers, (4) provide a one-time increase in the 73 rates for such equipment, orthotics, prosthetics and supplies covered by 74 Medicaid but not Medicare by fifteen and three-tenths per cent and 75 provide an annual increase equal to any increase in the consumer price 76 index for all urban consumers, (5) ensure that any covered item for 77 which neither Medicaid nor Medicare has set a reimbursement rate shall 78 be paid at ninety per cent of the manufacturer's suggested retail price or 79 at forty-five per cent above minimum invoice cost if a manufacturer has not set a suggested retail price, and (6) ensure that payment rates for 80 81 such equipment, orthotics, prosthetics and supplies are not less than one 82 hundred per cent of the corresponding Medicaid payment rates for such 83 equipment, orthotics, prosthetics and supplies.

(c) Not later than October 1, 2024, the commissioner shall file a report
on the study, in accordance with the provisions of section 11-4a of the
general statutes, with the joint standing committees of the General
Assembly having cognizance of matters relating to appropriations and
the budgets of state agencies and human services.

89 Sec. 7. (Effective July 1, 2024) The Commissioner of Social Services 90 shall study the Medicaid rates of reimbursement for podiatrists to 91 determine whether such rates are (1) comparable with the five-state rate 92 benchmark as defined in section 1 of this act, and (2) sufficient to ensure 93 an adequate pool of providers to meet the needs of Medicaid enrollees. 94 Not later than October 1, 2024, the commissioner shall, in accordance 95 with the provisions of section 11-4a of the general statutes, file a report 96 on the results of the study with the joint standing committees of the 97 General Assembly having cognizance of matters relating to 98 appropriations and the budgets of state agencies and human services.

99 Sec. 8. (NEW) (Effective from passage) (a) As used in this section, 100 "Electronic Consultation" or "E-Consult" means a consultation typically 101 conducted electronically between a primary care provider and a medical 102 specialist through an Internet-based secure messaging platform. The 103 Commissioner of Social Services shall (1) develop policies and 104 procedures authorizing E-Consults as a means to improve timely and 105 cost-effective access to care for Medicaid enrollees, and (2) amend the 106 Medicaid state plan if necessary to provide Medicaid reimbursement for 107 E-Consults.

(b) Not later than October 1, 2024, the commissioner shall, in
accordance with the provisions of section 11-4a of the general statutes,
file a report with the joint standing committee of the General Assembly
having cognizance of matters relating to human services on
development of the policies and procedures and any amendments to the
Medicaid state plan necessary to provide Medicaid reimbursements for
E-Consults.

| This act shall take effect as follows and shall amend the following sections: | | |
|-------------------------------------------------------------------------------|--------------|-------------|
| Section 1 | July 1, 2024 | New section |
| Sec. 2 | from passage | New section |
| Sec. 3 | July 1, 2024 | New section |
| Sec. 4 | July 1, 2024 | New section |
| Sec. 5 | from passage | New section |
| Sec. 6 | July 1, 2024 | New section |
| Sec. 7 | July 1, 2024 | New section |
| Sec. 8 | from passage | New section |

Statement of Legislative Commissioners:

In Section 6(b), "equipment and supplies" was changed throughout to "equipment, orthotics, prosthetics and supplies" and in Section 6(b)(4), the word "equal" was inserted after "annual increase", for accuracy.

HS Joint Favorable Subst.-LCO C/R APP