



**Senate Bill No. 909**

**Public Act No. 21-123**

***AN ACT CONCERNING CHANGES TO THE HUSKY B PROGRAM.***

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

Section 1. Subsection (a) of section 17b-295 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The commissioner shall impose cost-sharing requirements, including the payment of a premium or copayment, in connection with services provided under HUSKY B, to the extent permitted by federal law. Copayments under HUSKY B shall [be the same as] not exceed those in effect for active state employees enrolled in a point-of-enrollment health care plan, provided the household's annual combined premiums and copayments do not exceed the maximum annual aggregate cost-sharing requirement. The cost-sharing requirements imposed by the commissioner shall be in accordance with the following limitations:

(1) The commissioner may increase the maximum annual aggregate cost-sharing requirements, provided such cost-sharing requirements shall not exceed five per cent of the household's gross annual income.

(2) In accordance with federal law, the commissioner may impose a

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premium requirement on households whose income exceeds two hundred forty-nine per cent of the federal poverty level as a component of the household's cost-sharing responsibility and, for the fiscal years ending June 30, 2012, to June 30, 2016, inclusive, may annually increase the premium requirement based on the percentage increase in the Consumer Price Index for medical care services; and

(3) The commissioner shall monitor copayments and premiums under the provisions of subdivision (1) of this subsection.

Sec. 2. Section 17b-266 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Commissioner of Social Services may, when the commissioner finds it to be in the public interest, fund part or all of the cost of benefits to any recipient under sections 17b-260 to 17b-262, inclusive, 17b-264 to 17b-285, inclusive, 17b-357 to 17b-361, inclusive, 17b-290, as amended by this act, 17b-292, [17b-294a,] 17b-295, as amended by this act, 17b-297a, 17b-297b and 17b-300 through the purchase of insurance from any organization authorized to do a health insurance business in this state or from any organization specified in subsection (b) of this section.

(b) The Commissioner of Social Services may require recipients of Medicaid or other public assistance to receive medical care on a prepayment or per capita basis, in accordance with federal law and regulations, if such prepayment is anticipated to result in lower medical assistance costs to the state. The commissioner may enter into contracts for the provision of comprehensive health care on a prepayment or per capita basis in accordance with federal law and regulations, with the following: (1) A health care center subject to the provisions of chapter 698a; (2) a consortium of federally qualified community health centers and other community-based providers of health services which are funded by the state; (3) other consortia of providers of health care services established for the purposes of this subsection; or (4) an

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integrated service network providing care management and comprehensive health care on a prepayment or per capita basis to elderly and disabled recipients of Medicaid who may also be eligible for Medicare.

(c) Providers of comprehensive health care services as described in subdivisions (2), (3) and (4) of subsection (b) of this section shall not be subject to the provisions of chapter 698a or, in the case of an integrated service network, sections 17b-239 to 17b-245, inclusive, 17b-281, 17b-340, 17b-342 and 17b-343. Any such provider shall be certified by the Commissioner of Social Services in accordance with criteria established by the commissioner, including, but not limited to, minimum reserve fund requirements.

(d) The commissioner shall pay all capitation claims which would otherwise be reimbursed to the health plans described in subsection (b) of this section in May, 2010, no later than June 30, 2010. Each subsequent payment made by the commissioner to such health plans for capitation claims due shall be made in the second month following the month to which the capitation applies.

(e) On or after May 1, 2000, the payment to the Commissioner of Social Services of (1) any monetary sanction imposed by the commissioner on a managed care organization under the provisions of a contract between the commissioner and such organization entered into pursuant to this section or sections 17b-290, as amended by this act, 17b-292, [17b-294a,] 17b-295, 17b-297a, 17b-297b and 17b-300, or (2) any sum agreed upon by the commissioner and such an organization as settlement of a claim brought by the commissioner or the state against such an organization for failure to comply with the terms of a contract with the commissioner or fraud affecting the Department of Social Services shall be deposited in an account designated for use by the department for expenditures for children's health programs and services.

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Sec. 3. Section 17b-290 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

As used in this section and sections 17b-292, [17b-294a,] 17b-295, as amended by this act, 17b-297a, 17b-297b and 17b-300:

(1) "Applicant" means an individual over the age of eighteen years who is a natural or adoptive parent, a legal guardian, a caretaker relative, foster parent or stepparent with whom the child resides and shall include a child who is eighteen years of age or emancipated in accordance with the provisions of sections 46b-150 to 46b-150e, inclusive, and who is applying on his own behalf or on behalf of a minor dependent for coverage under such plan;

(2) "Child" means an individual under nineteen years of age;

(3) "Coinsurance" means the sharing of health care expenses by the insured and an insurer in a specified ratio;

(4) "Commissioner" means the Commissioner of Social Services;

(5) "Copayment" means a payment made on behalf of a member for a specified service under HUSKY B;

(6) "Cost sharing" means arrangements made on behalf of a member whereby an applicant pays a portion of the cost of health services, sharing costs with the state and includes copayments, premiums, deductibles and coinsurance;

(7) "Deductible" means the amount of out-of-pocket expenses that would be paid for health services on behalf of a member before becoming payable by the insurer;

(8) "Department" means the Department of Social Services;

(9) "Durable medical equipment" means equipment that meets all of

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the following requirements:

(A) Can withstand repeated use;

(B) Is primarily and customarily used to serve a medical purpose;

(C) Generally is not useful to a person in the absence of an illness or injury; and

(D) Is nondisposable;

(10) "Eligible beneficiary" means a child who meets the requirements in section 17b-292, and the requirements specified in Section 2110(b)(2)(B) of the Social Security Act as amended by Section 10203(b)(2)(D) of the Affordable Care Act;

(11) "Household" has the same meaning as provided in 42 CFR 435.603;

(12) "Household income" has the same meaning as provided in 42 CFR 435.603;

(13) "HUSKY A" means Medicaid provided to children, caretaker relatives and pregnant and postpartum women pursuant to section 17b-261 or 17b-277;

(14) "HUSKY B" means the health coverage for children established pursuant to the provisions of sections 17b-290, as amended by this act, 17b-292, [17b-294a,] 17b-295, 17b-297a, 17b-297b and 17b-300;

(15) "HUSKY C" means Medicaid provided to individuals who are sixty-five years of age or older or who are blind or have a disability;

(16) "HUSKY D" or "Medicaid Coverage for the Lowest Income Populations program" means Medicaid provided to nonpregnant low-income adults who are age eighteen to sixty-four, as authorized

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pursuant to section 17b-8a;

(17) "HUSKY Health" means the combined HUSKY A, HUSKY B, HUSKY C and HUSKY D programs, that provide medical coverage to eligible children, parents, relative caregivers, persons age sixty-five or older, individuals with disabilities, low-income adults, and pregnant women;

[(18) "HUSKY Plus" means the supplemental health program established pursuant to section 17b-294a for medically eligible members of HUSKY B whose medical needs cannot be accommodated within the basic benefit package offered to members. HUSKY Plus shall supplement coverage for those medically eligible members with intensive physical health needs;]

[(19) (18) "Member" means an eligible beneficiary who receives services under HUSKY A, B, C or D;

[(20) (19) "Parent" means a natural parent, stepparent, adoptive parent, guardian or custodian of a child;

[(21) (20) "Premium" means any required payment made by an individual to offset the cost under HUSKY B;

[(22) (21) "Qualified entity" means any entity: (A) Eligible for payments under a state plan approved under Medicaid and which provides medical services under HUSKY A, or (B) that is a qualified entity, as defined in 42 USC 1396r-1a, as amended by Section 708 of Public Law 106-554, and that is determined by the commissioner to be capable of making the determination of eligibility. The commissioner shall provide qualified entities with such forms or information on filing an application electronically as is necessary for an application to be made on behalf of a child under HUSKY A and information on how to assist parents, guardians and other persons in completing and filing such forms or electronic application;

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[(23)] (22) "WIC" means the federal Special Supplemental Food Program for Women, Infants and Children administered by the Department of Public Health pursuant to section 19a-59c.

Sec. 4. Section 17b-304 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Commissioner of Social Services shall implement the policies and procedures necessary to carry out the provisions of sections 17b-292, [17b-294a,] 17b-295, as amended by this act, 17b-297a, 17b-297b and 17b-300 while in the process of adopting such policies and procedures in regulation form, provided notice of intent to adopt the regulations is published on the Department of Social Services' Internet web site and the eRegulations System not later than twenty days after implementation. Such policies and procedures shall be valid until the time final regulations are effective.

Sec. 5. Subdivision (4) of subsection (b) of section 12-202a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(4) Any new or renewal contract or policy entered into with the state on or after April 1, 1998, to provide health care coverage to eligible beneficiaries under the HUSKY Health program, [or HUSKY Plus program, each] as defined in section 17b-290;

Sec. 6. Subsection (b) of section 12-202b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) The amount of credit allowed shall be equal to fifty-five dollars multiplied by the sum of the number of persons provided health care coverage by the taxpayer under the HUSKY Health program, [or the HUSKY Plus program, each] as defined in section 17b-290, as amended by this act, on the first day of each month of the income year for which

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the credit is taken, divided by twelve.

Sec. 7. Subsection (b) of section 12-202c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) For the fiscal year ending June 30, 2003, any company that received a payment under subsection (a) of this section shall be entitled to an additional supplemental payment equal to thirty-six dollars and seventy-five cents multiplied by the sum of the number of persons provided health care coverage by the taxpayer under the HUSKY Health program, [or the HUSKY Plus program, each] as defined in section 17b-290, as amended by this act, on the first day of each month, January to June, inclusive, of 2002, divided by six.

Sec. 8. Section 17b-294a of the general statutes is repealed. (*Effective from passage*)