

(II) A DESIGNATED MEDICAL ASSISTANCE FORM WHICH HAS BEEN SUBMITTED ON TIME IS IN NEED OF CORRECTION;

(2) ALLOWED THE PROVIDER AT LEAST 5 WORKING DAYS TO RESUBMIT OR CORRECT THE REPORT OR FORM; AND

(3) NOT IN ANY WAY CONTRIBUTED TO THE DELAY OF OR ERROR ON A REPORT OR FORM.

(F) THE AMOUNT OF A REDUCTION OF PAYMENTS TO A PROVIDER PURSUANT TO SUBSECTIONS (D) AND (E) OF THIS SECTION MAY NOT EXCEED THE AMOUNT OF LOST FEDERAL REVENUE ATTRIBUTABLE TO THE DELAY OR ERROR.

~~(D)~~ (G) THE ADMINISTRATION:

(1) SHALL PLACE SUFFICIENT FUNDS IN A SPECIALLY DESIGNATED ACCOUNT WITH THE OFFICE OF THE COMPTROLLER TO MEET ITS FINANCIAL OBLIGATIONS UNDER SUBSECTION (C) OF THIS SECTION;

(2) SHALL DISBURSE FUNDS FROM THE ACCOUNT IN ACCORDANCE WITH THE PAYMENT SCHEDULE PROVIDED IN SUBSECTION (C) OF THIS SECTION; AND

(3) MAY NOT USE THE FUNDS IN THE ACCOUNT FOR ANY OTHER PURPOSE EXCEPT FOR THE PURPOSE OF REIMBURSING PRIVATE PROVIDERS FOR THE PROVISION OF COMMUNITY-BASED SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITY.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 1994.

Approved May 26, 1994.

CHAPTER 492

(Senate Bill 483)

AN ACT concerning :

Obstetricians and Gynecologists - Primary Care Physicians - ~~Classification~~

FOR the purpose of requiring certain health insurers, including health maintenance organizations, to either classify obstetricians/gynecologists as primary care physicians; ~~and requiring the Board of Physician Quality Assurance to allow a physician who is a specialist in the medical field of obstetrics and gynecology to be classified as a primary care physician for a certain purpose or permit an annual visit to a certain obstetrician/gynecologist without first requiring a visit to a primary care provider under certain circumstances; and generally relating to obstetricians/gynecologists.~~

BY adding to