



General Assembly

January Session, 2001

Raised Bill No. 6796

LCO No. 3929

Referred to Committee on Human Services

Introduced by:
(HS)

AN ACT CONCERNING THE CHOICES HEALTH INSURANCE ASSISTANCE PROGRAM.

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

1 Section 1. Section 17b-427 of the general statutes is repealed and the
2 following is substituted in lieu thereof:

3 (a) As used in this section:

4 (1) The "CHOICES health insurance assistance program" means the
5 federally recognized state health insurance assistance program funded
6 pursuant to P.L. 101-508 and administered by the Department of Social
7 Services, in conjunction with the area agencies on aging and the Center
8 for Medicare Advocacy, that provides free information and assistance
9 related to health insurance issues and concerns of older persons and
10 other Medicare beneficiaries in Connecticut; and

11 (2) "CHOICES" means Connecticut's programs for health insurance
12 assistance outreach information and referral, counseling and eligibility
13 screening.

14 [(a)] (b) The Department of Social Services shall [establish a

15 program to provide] administer the CHOICES health insurance
16 assistance program, which shall be a comprehensive Medicare
17 advocacy program that provides assistance to Connecticut residents
18 who are Medicare beneficiaries. The program shall: (1) [Provide for]
19 Maintain a toll-free telephone number to provide advice and
20 information on Medicare benefits, [and] the Medicare appeals process
21 [from] and other health insurance matters applicable to Medicare
22 beneficiaries at least five days per week during normal business hours;
23 (2) provide information, advice and representation, where appropriate,
24 concerning the Medicare appeals process, by a qualified attorney or
25 paralegal at least five days per week during normal business hours;
26 [and (2) provide for the preparation and distribution of] (3) prepare
27 and distribute written materials to Medicare [patients] beneficiaries,
28 their families, [and] senior [citizen] citizens and organizations
29 regarding Medicare benefits; (4) develop and distribute a Connecticut
30 Medicare consumers guide, after consultation with the Insurance
31 Commissioner and other organizations involved in servicing,
32 representing or advocating for Medicare beneficiaries, which shall be
33 available to any individual, upon request, and shall include: (A)
34 Information permitting beneficiaries to compare their options for
35 delivery of Medicare services; (B) information concerning the Medicare
36 plans available to beneficiaries, including the traditional Medicare fee-
37 for-service plan and the benefits and services available through each
38 plan; (C) information concerning the procedure to appeal a denial of
39 care and the procedure to request an expedited appeal of a denial of
40 care; (D) information concerning private insurance policies and federal
41 and state-funded programs that are available to supplement Medicare
42 coverage for beneficiaries; (E) a worksheet for beneficiaries to use to
43 evaluate the various plans; and (F) any other information the program
44 deems relevant to beneficiaries; and (5) include any functions the
45 department deems necessary to conform to federal grant requirements.

46 (c) The Insurance Commissioner, in cooperation with, or on behalf
47 of the Commissioner of Social Services, may require each Medicare
48 organization to: (1) Annually submit to the commissioner any data,

49 reports or information relevant to plan beneficiaries; and (2) at any
50 other times at which changes occur, submit information to the
51 commissioner concerning current benefits, services or costs to
52 beneficiaries. Such information may include information required
53 under section 38a-478c.

54 (d) Each Medicare organization that fails to file the annual data,
55 reports or information requested pursuant to subsection (c) of this
56 section shall pay a late fee of one hundred dollars per day for each day
57 from the due date of such data, reports or information to the date of
58 filing. Each Medicare organization that files incomplete annual data,
59 reports or information shall be so informed by the Insurance
60 Commissioner, shall be given a date by which to remedy such
61 incomplete filing and shall pay said late fee commencing from the new
62 due date.

63 (e) Not later than June 1, 2001, and annually thereafter, the
64 Insurance Commissioner shall submit to the Governor and to the joint
65 standing committees of the General Assembly having cognizance of
66 matters relating to public health and insurance and to the select
67 committee of the General Assembly having cognizance of matters
68 relating to aging, a list of those Medicare organizations that have failed
69 to file any data, reports or information requested pursuant to
70 subsection (c) of this section.

71 [(b)] (f) All hospitals, as defined in section 19a-490, which treat
72 persons covered by Medicare Part A shall: (1) Notify incoming patients
73 covered by Medicare of the availability of the services established
74 pursuant to subsection [(a)] (b) of this section, (2) post or cause to be
75 posted in a conspicuous place therein the toll-free number established
76 pursuant to subsection [(a)] (b) of this section, and (3) provide each
77 Medicare patient with the toll-free number and [directives on]
78 information on how to access [to] the CHOICES program.

79 Sec. 2. Section 17b-427a of the general statutes is repealed.

80 Sec. 3. This act shall take effect from its passage.

Statement of Purpose:

To make various technical changes to the CHOICES health insurance assistance program.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]