



General Assembly

February Session, 2008

Raised Bill No. 5617

LCO No. 1532

01532_____HS_

Referred to Committee on Human Services

Introduced by:
(HS)

**AN ACT DELAYING IMPLEMENTATION OF AND MAKING REVISIONS
TO THE CHARTER OAK HEALTH PLAN.**

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

1 Section 1. (*Effective from passage*) Section 23 of public act 07-2 of the
2 June special session shall take effect July 1, 2009.

3 Sec. 2. Section 17b-311 of the 2008 supplement to the general statutes
4 is repealed and the following is substituted in lieu thereof (*Effective July*
5 *1, 2009*):

6 (a) There is established the Charter Oak Health Plan for the purpose
7 of providing access to health insurance coverage for uninsured state
8 residents [who have been uninsured for at least six months and] who
9 are ineligible for other publicly funded health insurance plans. The
10 Commissioner of Social Services may enter into contracts for the
11 provision of comprehensive health care for such uninsured state
12 residents. The commissioner shall conduct outreach to facilitate
13 enrollment in the plan.

14 (b) The commissioner shall impose cost-sharing requirements in

15 connection with services provided under the Charter Oak Health Plan.
16 Such requirements may include, but not be limited to: (1) A monthly
17 premium not to exceed two hundred fifty dollars; (2) an annual
18 deductible not to exceed one [thousand] hundred dollars; (3) [a
19 coinsurance payment not to exceed twenty per cent after the
20 deductible amount is met; (4)] tiered copayments for prescription
21 drugs determined by whether the drug is generic or brand name,
22 formulary or nonformula and whether purchased through mail order;
23 [(5)] (4) no fee for emergency visits to hospital emergency rooms; [(6)]
24 (5) a copayment not to exceed [one hundred fifty] twenty dollars for no
25 emergency visits to hospital emergency rooms; and [(7) a] (6) no
26 lifetime benefit [not to exceed one million dollars] limitation.

27 (c) The Commissioner of Social Services shall provide premium
28 assistance to eligible state residents whose gross annual income does
29 not exceed three hundred per cent of the federal poverty level. Such
30 premium assistance shall be limited to: (1) One hundred seventy-five
31 dollars per month for individuals whose gross annual income is below
32 one hundred fifty per cent of the federal poverty level; (2) one hundred
33 fifty dollars per month for individuals whose gross annual income is at
34 or above one hundred fifty per cent of the federal poverty level but not
35 more than one hundred eighty-five per cent of the federal poverty
36 level; (3) seventy-five dollars per month for individuals whose gross
37 annual income is above one hundred eighty-five per cent of the federal
38 poverty level but not more than two hundred thirty-five per cent of the
39 federal poverty level; and (4) fifty dollars per month for individuals
40 whose gross annual income is above two hundred thirty-five per cent
41 of the federal poverty level but not more than three hundred per cent
42 of the federal poverty level. Individuals insured under the Charter Oak
43 Health Plan shall pay their share of payment for coverage in the plan
44 directly to the insurer.

45 (d) The Commissioner of Social Services shall determine minimum
46 requirements on the amount, duration and scope of benefits under the
47 Charter Oak Health Plan, except that there shall be no preexisting

48 condition exclusion or annual maximum limits on the amount,
49 duration and scope of prescription drugs or durable medical
50 equipment, and the commissioner shall ensure that the plan includes
51 comprehensive coverage for dental, vision and mental health services
52 consistent with the provisions of section 38a-514, prevention
53 incentives, and wellness and disease management programs. Each
54 participating insurer shall provide an internal grievance process by
55 which an insured may request and be provided a review of a denial of
56 coverage under the plan consistent with the provisions of section 38a-
57 226c. An insured shall also have access to an external appeal process
58 consistent with the provisions of section 38a-478n, and each
59 participating insurer shall comply with the notification and other
60 requirements of the external appeal process. The commissioner shall
61 provide monthly reports on the plan and its implementation,
62 including, but not limited to, information on costs and utilization of
63 care, to the Medicaid Managed Care Council.

64 (e) The Commissioner of Social Services may contract with the
65 following entities for the purposes of this section: (1) A health care
66 center subject to the provisions of chapter 698a; (2) a consortium of
67 federally qualified health centers and other community-based
68 providers of health services which are funded by the state; or (3) other
69 consortia of providers of health care services established for the
70 purposes of this section. Providers of comprehensive health care
71 services as described in subdivisions (2) and (3) of this subsection shall
72 not be subject to the provisions of chapter 698a. Any such provider
73 shall be certified by the commissioner to participate in the Charter Oak
74 Health Plan in accordance with criteria established by the
75 commissioner, including, but not limited to, minimum reserve fund
76 requirements. A contract entered into under this section shall be
77 separate and independent from any contract for the provision of health
78 care services under the HUSKY Plan, Part A or Part B, and shall not
79 contain any provision that requires a provider, as a condition of
80 participating in the Charter Oak Health Plan, to contract for the
81 provision of health care services under the HUSKY Plan, Part A or Part

82 B. A contract under this section shall include a provision that requires
83 a medical loss ratio of at least eighty-five per cent as a condition of
84 participation in the Charter Oak Health Plan.

85 (f) The Commissioner of Social Services shall seek proposals from
86 entities described in subsection (e) of this section based on the cost
87 sharing and benefits described in subsections (b) and (c) of this section.
88 [The commissioner may approve an alternative plan in order to make
89 coverage options available to those eligible to be insured under the
90 plan.]

91 (g) The Commissioner of Social Services, pursuant to section 17b-10,
92 may implement policies and procedures to administer the provisions
93 of this section while in the process of adopting such policies and
94 procedures as regulation, provided the commissioner prints notice of
95 the intent to adopt the regulation in the Connecticut Law Journal not
96 later than twenty days after the date of implementation. Such policies
97 shall be valid until the time final regulations are adopted and may
98 include [:(1) Exceptions to the requirement that a resident be
99 uninsured for at least six months to be eligible for the Charter Oak
100 Health Plan; and (2)] requirements for open enrollment and limitations
101 on the ability of enrollees to change plans between such open
102 enrollment periods.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>July 1, 2009</i>	17b-311

Statement of Purpose:

To delay the implementation of and make revisions to the Charter Oak Health Plan.

[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.]