



General Assembly

January Session, 2011

**Raised Bill No. 1154**

LCO No. 4396

\*04396\_\_\_\_\_INS\*

Referred to Committee on Insurance and Real Estate

Introduced by:  
(INS)

**AN ACT CONCERNING THE REPORTING OF CLAIMS INFORMATION TO THE COMPTROLLER AND ADDITIONAL DUTIES OF THE COMPTROLLER.**

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

1 Section 1. (NEW) (*Effective July 1, 2011*) (a) Not later than October  
2 first annually, each municipality shall submit electronically to the  
3 Comptroller, in a form prescribed by the Comptroller, such  
4 municipality's claim information for any group health insurance policy  
5 or plan such municipality sponsors for its active employees and  
6 retirees that provides coverage of the type specified in subdivisions (1),  
7 (2), (4), (11), (12) and (16) of section 38a-469 of the general statutes.

8 (b) (1) Such claim information shall (A) include the information set  
9 forth in subdivision (2) of this subsection, (B) be only health  
10 information that has had identifiers removed, as set forth in 45 CFR  
11 164.514, is not individually identifiable, as defined in 45 CFR 160.103,  
12 and is permitted to be disclosed under the Health Insurance Portability  
13 and Accountability Act of 1996, P.L. 104-191, as amended from time to  
14 time, or regulations adopted thereunder, and (C) does not disclose the  
15 identity of the insurer, health care center, hospital service corporation,

16 medical service corporation or other entity delivering, issuing for  
17 delivery, renewing, amending or continuing such policy or plan.

18 (2) Each municipality shall submit to the Comptroller the following  
19 claim information for the policy or plan year immediately preceding:

20 (A) A list of each type of health insurance policy or plan offered to a  
21 municipality's employees and retirees and specific details for each such  
22 policy or plan, including, but not limited to:

23 (i) Covered benefits and any limits on such benefits;

24 (ii) If a municipality is fully-insured, the total premium costs for  
25 each policy or plan, organized by active employees and by retirees,  
26 and the employee share and the retiree share of each such total  
27 premium cost;

28 (iii) If the municipality is self-insured, the total dollar amount of  
29 claims paid by each policy or plan, organized by active employees and  
30 by retirees, and the employee share and the retiree share of each such  
31 total amount;

32 (iv) Employee and retiree cost-sharing requirements such as  
33 coinsurance, copayments, deductibles or other out-of-pocket expenses  
34 associated with in-network and out-of-network providers;

35 (v) If a municipality sponsors a prescription drug plan, the value of  
36 any rebates or cost reductions provided to such municipality for such  
37 plan; and

38 (vi) The claims experience related to each policy or plan;

39 (B) A list of the total number of employees and retirees in each  
40 policy or plan, organized by (i) municipal department, (ii) collective  
41 bargaining unit, if applicable, (iii) coverage tier, including, but not  
42 limited to, single, two-person and family including dependents, and  
43 (iv) active employee or retiree status; and

44 (C) For the two policy or plan years immediately preceding, the  
45 percentage increase or decrease in the policy or plan costs, calculated  
46 as the total premium costs or the total dollar amount of claims paid, as  
47 applicable, inclusive of any premiums or contributions paid by active  
48 employees and retirees, divided by the total number of active  
49 employees and retirees covered by such policy or plan.

50 (c) Not later than January 1, 2012, and annually thereafter, the  
51 Comptroller shall submit a report, in accordance with section 11-4a of  
52 the general statutes, to the joint standing committees of the General  
53 Assembly having cognizance of matters relating to appropriations,  
54 insurance, labor and planning and development, that provides  
55 estimated costs or savings for each municipality if such municipality  
56 obtains health insurance of the type set forth in subsection (a) of this  
57 section from the state employee plan established under subsection (m)  
58 of section 5-259 of the general statutes.

59 Sec. 2. (NEW) (*Effective from passage*) (a) The Comptroller shall  
60 convene a group including, but not limited to, (1) health insurance  
61 companies, health care centers, hospital service corporations, medical  
62 service corporations or other entities delivering, issuing for delivery,  
63 renewing, amending or continuing a health insurance policy or plan of  
64 the type set forth in subsection (a) of section 1 of this act, (2)  
65 employers, (3) health care providers, (4) health care facilities, and (5)  
66 consumers, to facilitate the development and establishment of health  
67 care provider payment reforms, including, but not limited to,  
68 multipayer initiatives, accountable care organizations, patient-centered  
69 medical homes, primary care case management, value-based  
70 purchasing and bundled purchasing. Any participation by such  
71 entities and individuals shall be on a voluntary basis.

72 (b) (1) The Comptroller or the Comptroller's designee may (A)  
73 conduct a survey of health insurance companies or other entities  
74 specified in subdivision (1) of subsection (a) of this section, employers,  
75 health care providers and health care facilities concerning payment

76 delivery reforms, and (B) convene meetings at a time and place that is  
77 convenient for the entities and individuals set forth in subsection (a) of  
78 this section.

79 (2) The Comptroller or the Comptroller's designee shall ensure that  
80 any such survey or meeting shall not solicit, share or discuss pricing  
81 information.

82 (3) Any such survey conducted or meeting held pursuant to this  
83 section shall not be: (A) A violation of chapter 624 of the general  
84 statutes; or (B) subject to disclosure under section 1-210 of the general  
85 statutes.

86 Sec. 3. Section 19a-654 of the general statutes is repealed and the  
87 following is substituted in lieu thereof (*Effective July 1, 2011*):

88 (a) [The Office of Health Care Access division of the Department of  
89 Public Health shall require] Each short-term acute care general or  
90 children's [hospitals to] hospital and each licensed out-patient surgical  
91 facility shall submit such data, including inpatient data, out-patient  
92 data, if any, and discharge data [, as it deems] necessary to fulfill the  
93 responsibilities of the [office] Office of Health Care Access division of  
94 the Department of Public Health. Such data shall include data taken  
95 from medical record abstracts and hospital bills. The timing and  
96 format of such submission shall be specified by the office. The data  
97 may be submitted through a contractual arrangement with an  
98 intermediary. If the data is submitted through an intermediary, the  
99 hospital shall ensure that such submission is timely and that the data is  
100 accurate. The office may conduct an audit of the data submitted to  
101 such intermediary in order to verify its accuracy. Individual patient  
102 and physician data identified by proper name or personal  
103 identification code submitted pursuant to this section shall be kept  
104 confidential, but aggregate reports from which individual patient and  
105 physician data cannot be identified shall be available to the public.

106 (b) Not later than October 1, 2011, the Office of Health Care Access

107 shall enter into a memorandum of understanding with the  
108 Comptroller that shall permit the Comptroller to access the data set  
109 forth in subsection (a) of this section, provided the Comptroller agrees  
110 in writing to keep individual patient and physician data identified by  
111 proper name or personal identification code and submitted pursuant  
112 to this section confidential.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2011</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>July 1, 2011</i>	19a-654

**Statement of Purpose:**

To require (1) municipalities to report certain health insurance information to the Comptroller, (2) the Comptroller to convene a group of stakeholders to facilitate the development and establishment of health care provider payment reforms, and (3) the Office of Health Care Access to enter into a memorandum of understanding with the Comptroller to allow the Comptroller access to data required to be reported to said office by hospitals and out-patient surgical facilities.

*[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.]*