



General Assembly

January Session, 2013

***Raised Bill No. 6368***

LCO No. 3012



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 Section 17b-427 of the general statutes is repealed and the  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 (*Effective from passage*):

3 (a) As used in this section:

4 (1) "CHOICES" means [Connecticut's programs] (A) the Connecticut  
5 program for [health] Health insurance assistance, [outreach] Outreach,  
6 [information] Information and referral, [counseling] Counseling and  
7 [eligibility screening] Eligibility Screening;

8 [(2) "CHOICES health insurance assistance program" means] and (B)  
9 the federally recognized state health insurance assistance program  
10 funded pursuant to P.L. 101-508 and administered by the Department  
11 [of Social Services] on Aging, in conjunction with the area agencies on  
12 aging and the Center for Medicare Advocacy, that provides free  
13 information and assistance related to health insurance issues and

14 concerns of older persons and other Medicare beneficiaries in  
15 Connecticut; and

16 [(3)] (2) "Medicare organization" means any corporate entity or  
17 other organization or group that contracts with the federal Centers for  
18 Medicare and Medicaid Services to provide health care services to  
19 Medicare beneficiaries in this state as an alternative to the traditional  
20 Medicare fee-for-service plan.

21 (b) The Department [of Social Services] on Aging shall administer  
22 [the CHOICES health insurance assistance program] CHOICES, which  
23 shall be a comprehensive Medicare advocacy program that provides  
24 assistance to Connecticut residents who are Medicare beneficiaries.

25 (c) The program shall, within available resources, provide: (1)  
26 [Maintain a toll-free telephone number] Toll-free telephone access for  
27 consumers to [provide] receive advice and information on Medicare  
28 benefits, including prescription drug benefits available through the  
29 Medicare Part D program, the Medicare appeals process, health  
30 insurance matters applicable to Medicare beneficiaries and long-term  
31 care options available in the state at least five days per week during  
32 normal business hours; (2) [provide] information, advice and  
33 representation, where appropriate, concerning the Medicare appeals  
34 process, by a qualified attorney or paralegal at least five days per week  
35 during normal business hours; (3) [prepare and distribute written  
36 materials to] information through appropriate means and format to  
37 ensure access by Medicare beneficiaries, their families, senior citizens  
38 and organizations regarding Medicare benefits, including prescription  
39 drug benefits available through the Medicare Part D program and  
40 long-term care options available in the state; (4) [develop and  
41 distribute a Connecticut Medicare consumers guide, after consultation  
42 with the Insurance Commissioner and other organizations involved in  
43 servicing, representing or advocating for Medicare beneficiaries, which  
44 shall be available to any individual, upon request, and shall include:  
45 (A) Information permitting beneficiaries to compare their options for

46 delivery of Medicare services; (B)] information concerning the  
47 Medicare plans [available to beneficiaries, including the traditional  
48 Medicare fee-for-service plan, Medicare Part D plans and the benefits  
49 and services available through each plan; (C)] and services, private  
50 insurance policies and federal and state funded programs that are  
51 available to beneficiaries to supplement Medicare coverage; (5)  
52 information permitting beneficiaries to compare and evaluate their  
53 options for delivery of Medicare and supplemental insurance services;  
54 (6) information concerning the procedure to appeal a denial of care  
55 and the procedure to request an expedited appeal of a denial of care;  
56 [(D) information concerning private insurance policies and federal and  
57 state-funded programs that are available to supplement Medicare  
58 coverage for beneficiaries; (E) a worksheet for beneficiaries to use to  
59 evaluate the various plans, including Medicare Part D programs; and  
60 (F)] and (7) any other information the [program] commissioner deems  
61 relevant to beneficiaries. [; (5) collaborate with other state agencies and  
62 entities in the development of consumer-oriented web sites that  
63 provide information on Medicare plans, including Medicare Part D  
64 plans, and long-term care options that are available in the state; and (6)  
65 include any functions the department deems necessary to conform to  
66 federal grant requirements.]

67 (d) The department may include any additional functions necessary  
68 to conform to federal grant requirements.

69 [(c)] (e) The Insurance Commissioner, in cooperation with, or on  
70 behalf of, the Commissioner [of Social Services] on Aging, may require  
71 each Medicare organization to: (1) Annually submit to the  
72 [commissioner] Insurance Commissioner any data, reports or  
73 information relevant to plan beneficiaries; and (2) at any other times at  
74 which changes occur, submit information to the [commissioner]  
75 Insurance Commissioner concerning current benefits, services or costs  
76 to beneficiaries. Such information may include information required  
77 under section 38a-478c.

78        [(d)] (f) Each Medicare organization that fails to file the annual data,  
79 reports or information requested pursuant to subsection [(c)] (e) of this  
80 section shall pay a late fee of one hundred dollars per day for each day  
81 from the due date of such data, reports or information to the date of  
82 filing. Each Medicare organization that files incomplete annual data,  
83 reports or information shall be so informed by the Insurance  
84 Commissioner, shall be given a date by which to remedy such  
85 incomplete filing and shall pay said late fee commencing from the new  
86 due date.

87        [(e)] (g) Not later than June 1, 2001, and annually thereafter, the  
88 Insurance Commissioner, in conjunction with the Healthcare  
89 Advocate, in accordance with the provisions of section 11-4a, shall  
90 submit to the Governor and to the joint standing committees of the  
91 General Assembly having cognizance of matters relating to aging,  
92 human services and insurance, [and to the select committee of the  
93 General Assembly having cognizance of matters relating to aging,] a  
94 list of those Medicare organizations that have failed to file any data,  
95 reports or information requested pursuant to subsection [(c)] (e) of this  
96 section.

97        [(f)] (h) All hospitals, as defined in section 19a-490, which treat  
98 persons covered by Medicare Part A shall: (1) Notify incoming patients  
99 covered by Medicare of the availability of the services established  
100 pursuant to subsection [(b)] (c) of this section, (2) post or cause to be  
101 posted in a conspicuous place therein the toll-free number established  
102 pursuant to subsection [(b)] (c) of this section, and (3) provide each  
103 Medicare patient with the toll-free number and information on how to  
104 access [the] CHOICES. [program.]

105        (i) The Commissioner on Aging may adopt regulations, in  
106 accordance with chapter 54, as necessary to implement the provisions  
107 of this section.

108

109 Sec. 2. Section 17b-367 of the general statutes is repealed and the  
110 following is substituted in lieu thereof (*Effective from passage*):

111 The Office of Policy and Management, within existing budgetary  
112 resources and in consultation with the Select Committee on Aging, the  
113 Commission on Aging, personnel designated by the Commissioner of  
114 Social Services who administer the CHOICES health insurance  
115 assistance program, as described in section 17b-427, as amended by  
116 this act, and the Long-Term Care Advisory Council, shall develop a  
117 single consumer-oriented Internet web site that provides  
118 comprehensive information on long-term care options that are  
119 available in Connecticut. The web site shall also include direct links  
120 and referral information regarding long-term care resources, including  
121 private and nonprofit organizations offering advice, counseling and  
122 legal services.

123 Sec. 3. Section 17b-429 of the general statutes is repealed and the  
124 following is substituted in lieu thereof (*Effective from passage*):

125 The Commissioner of Social Services shall, within available  
126 appropriations, make information available to senior citizens and  
127 disabled persons concerning any pharmaceutical company's drug  
128 program for indigent persons by utilizing the ConnPACE program, the  
129 CHOICES health insurance assistance program, as [defined] described  
130 in section 17b-427, as amended by this act, and Infoline of Connecticut  
131 to deliver such information.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-427
Sec. 2	<i>from passage</i>	17b-367
Sec. 3	<i>from passage</i>	17b-429

***Statement of Purpose:***

To change oversight of the CHOICES Health insurance assistance program from the Department of Social Services to the Department on Aging.

*[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.]*