



General Assembly

January Session, 2013

Raised Bill No. 6517

LCO No. 3634



Referred to Committee on PROGRAM REVIEW AND INVESTIGATIONS

Introduced by:
(PRI)

AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING THE INSURANCE DEPARTMENT'S DUTIES, MENTAL HEALTH PARITY COMPLIANCE CHECKS AND THE EXTERNAL REVIEW APPLICATION PROCESS.

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

1 Section 1. Section 38a-472d of the general statutes is amended by
2 adding subsection (c) as follows (*Effective October 1, 2013*):

3 (NEW) (c) The Insurance Department shall prominently display a
4 link on the department's Internet web site to the Office of the
5 Healthcare Advocate's Internet web site, along with a statement that
6 said office can provide health care consumers or their authorized
7 representatives with free assistance throughout the coverage decision
8 process.

9 Sec. 2. Section 38a-478l of the general statutes is amended by adding
10 subsection (e) as follows (*Effective from passage*):

11 (NEW) (e) Beginning with the consumer report card to be
12 distributed not later than October 15, 2013, the commissioner shall
13 analyze annually the data submitted under subparagraphs (E) and (F)
14 of subdivision (1) of subsection (b) of this section for statistically
15 significant differences in such data among the health care centers and
16 licensed health insurers included in the consumer report card. The
17 commissioner shall investigate any such differences to determine
18 whether further action by the commissioner is warranted.

19 Sec. 3. (*Effective from passage*) (a) (1) Not later than September 1, 2013,
20 the Insurance Commissioner shall submit a report, in accordance with
21 the provisions of section 11-4a of the general statutes, to the joint
22 standing committees of the General Assembly having cognizance of
23 matters relating to insurance and public health on the method the
24 Insurance Department shall use to check for compliance with state and
25 federal mental health parity laws by health insurance companies and
26 other entities under its jurisdiction. In selecting such method, the
27 commissioner shall examine and assess for fitness the methods set
28 forth by the United States Department of Labor and URAC, in addition
29 to any other methods discovered by or brought to the attention of the
30 Insurance Department.

31 (2) As part of the evaluation process, the commissioner shall hold at
32 least one public meeting at which stakeholders, including, but not
33 limited to, relevant state agency personnel, health insurance
34 companies and the general public, are invited to share their input and
35 propose other compliance check methods.

36 (b) The report under subsection (a) of this section shall describe and
37 address the comments shared at the public meeting or meetings,
38 include an assessment of each potential method examined and append
39 written comments and suggestions of the Healthcare Advocate.

40 (c) On or before October 1, 2013, the commissioner shall begin such
41 compliance checks using the compliance check method selected.

42 Sec. 4. Section 38a-478a of the general statutes is repealed and the
43 following is substituted in lieu thereof (*Effective October 1, 2013*):

44 On March first annually, the Insurance Commissioner shall submit a
45 report to the Governor and to the joint standing committees of the
46 General Assembly having cognizance of matters relating to public
47 health and insurance, concerning the commissioner's responsibilities
48 under the provisions of sections 38a-478 to 38a-478u, inclusive, 38a-
49 479aa, 38a-591a to 38a-591h, inclusive, and 38a-993. The report shall
50 include: (1) A summary of the quality assurance plans submitted by
51 managed care organizations pursuant to section 38a-478c along with
52 suggested changes to improve such plans; (2) suggested modifications
53 to the consumer report card developed under the provisions of section
54 38a-478l, as amended by this act; (3) a summary of the commissioner's
55 procedures and activities in conducting market conduct examinations
56 of utilization review companies and preferred provider networks,
57 including, but not limited to: (A) The number of desk and field audits
58 completed during the previous calendar year; (B) a summary of
59 findings of the desk and field audits, including any recommendations
60 made for improvements or modifications; (C) a description of
61 complaints concerning managed care companies, and any preferred
62 provider network that provides services to enrollees on behalf of the
63 managed care organization, including a summary and analysis of any
64 trends or similarities found in the managed care complaints filed by
65 enrollees; (4) a summary of the complaints concerning managed care
66 organizations received by the Insurance Department's Consumer
67 Affairs Division and the commissioner under section 38a-591g,
68 including a summary and analysis of any trends or similarities found
69 in the complaints received; (5) a summary of any violations the
70 commissioner has found against any managed care organization or
71 any preferred provider network that provides services to enrollees on
72 behalf of the managed care organization; [and] (6) a summary of the
73 issues discussed related to health care or managed care organizations
74 at the Insurance Department's quarterly forums throughout the state;

75 and (7) a summary of the method used by the department to check for
76 compliance with state and federal mental health parity laws by health
77 insurance companies and other entities under its jurisdiction, and
78 results of such compliance checks.

79 Sec. 5. (*Effective from passage*) Not later than July 31, 2013, the
80 Insurance Department shall request the United States Department of
81 Health and Human Services for a determination as to whether, when
82 filing a request for an external review or expedited external review as
83 set forth in section 38a-591g of the general statutes, a covered person or
84 a covered person's authorized representative, as both terms are
85 defined in section 38a-591a of the general statutes, may submit (1) a
86 copy of the notice of final adverse determination, or adverse
87 determination if such covered person has been deemed to have
88 exhausted the health carrier's internal grievance process or may file an
89 external review or expedited external review pursuant to section 38a-
90 591g of the general statutes, or (2) a copy of the covered person's health
91 carrier identification card, rather than both. If the United States
92 Department of Health and Human Services determines a copy of either
93 such notice or such identification card is sufficient for purposes of
94 filing an external review or expedited external review, the Insurance
95 Department shall comply with such determination. If the United States
96 Department of Health and Human Services determines a copy of both
97 such notice and such identification card are required, the Insurance
98 Department shall include in any guide or materials it provides to
99 consumers concerning external review and expedited external review
100 processes, a statement that the covered person or the covered person's
101 authorized representative may request, free of charge, a copy of the
102 notice of final adverse determination or adverse determination or a
103 copy of the covered person's health carrier identification card or both
104 from the health carrier.

<p>This act shall take effect as follows and shall amend the following sections:</p>
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Section 1	<i>October 1, 2013</i>	38a-472d
Sec. 2	<i>from passage</i>	38a-478l
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>October 1, 2013</i>	38a-478a
Sec. 5	<i>from passage</i>	New section

Statement of Purpose:

To implement the recommendations of the Legislative Program Review and Investigations Committee concerning the Insurance Department.

[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.]