



General Assembly

January Session, 2013

Raised Bill No. 596

LCO No. 1136

01136_____INS

Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

AN ACT CONCERNING THE DUTIES OF THE CONNECTICUT HEALTH INSURANCE EXCHANGE.

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

1 Section 1. Section 38a-1084 of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective from passage*):

3 The exchange shall:

4 (1) Administer the exchange for both qualified individuals and
5 qualified employers;

6 (2) Commission surveys of individuals, small employers and health
7 care providers on issues related to health care and health care
8 coverage;

9 (3) Implement procedures for the certification, recertification and
10 decertification, consistent with guidelines developed by the Secretary
11 under Section 1311(c) of the Affordable Care Act, and section 38a-1086,
12 of health benefit plans as qualified health plans;

13 (4) Provide for the operation of a toll-free telephone hotline to
14 respond to requests for assistance;

15 (5) Provide for enrollment periods, as provided under Section
16 1311(c)(6) of the Affordable Care Act;

17 (6) Maintain an Internet web site through which enrollees and
18 prospective enrollees of qualified health plans may obtain
19 standardized comparative information on such plans including, but
20 not limited to, the enrollee satisfaction survey information under
21 Section 1311(c)(4) of the Affordable Care Act and any other
22 information or tools to assist enrollees and prospective enrollees
23 evaluate qualified health plans offered through the exchange;

24 (7) Publish the average costs of licensing, regulatory fees and any
25 other payments required by the exchange and the administrative costs
26 of the exchange, including information on [monies] moneys lost to
27 waste, fraud and abuse, on an Internet web site to educate individuals
28 on such costs;

29 (8) Assign a rating to each qualified health plan offered through the
30 exchange in accordance with the criteria developed by the Secretary
31 under Section 1311(c)(3) of the Affordable Care Act, and determine
32 each qualified health plan's level of coverage in accordance with
33 regulations issued by the Secretary under Section 1302(d)(2)(A) of the
34 Affordable Care Act;

35 (9) Use a standardized format for presenting health benefit options
36 in the exchange, including the use of the uniform outline of coverage
37 established under Section 2715 of the Public Health Service Act, 42
38 USC 300gg-15, as amended from time to time;

39 (10) Inform individuals, in accordance with Section 1413 of the
40 Affordable Care Act, of eligibility requirements for the Medicaid
41 program under Title XIX of the Social Security Act, as amended from
42 time to time, the Children's Health Insurance Program (CHIP) under

43 Title XXI of the Social Security Act, as amended from time to time, or
44 any applicable state or local public program, and enroll an individual
45 in such program if the exchange determines, through screening of the
46 application by the exchange, that such individual is eligible for any
47 such program;

48 (11) Collaborate with the Department of Social Services, to the
49 extent possible, to allow an enrollee who loses premium tax credit
50 eligibility under Section 36B of the Internal Revenue Code and is
51 eligible for HUSKY Plan, Part A or any other state or local public
52 program, to remain enrolled in a qualified health plan;

53 (12) Establish and make available by electronic means a calculator to
54 determine the actual cost of coverage after application of any premium
55 tax credit under Section 36B of the Internal Revenue Code and any
56 cost-sharing reduction under Section 1402 of the Affordable Care Act;

57 (13) Establish a program for small employers through which
58 qualified employers may access coverage for their employees and that
59 shall enable any qualified employer to specify a level of coverage so
60 that any of its employees may enroll in any qualified health plan
61 offered through the exchange at the specified level of coverage;

62 (14) Offer enrollees and small employers the option of having the
63 exchange collect and administer premiums, including through
64 allocation of premiums among the various insurers and qualified
65 health plans chosen by individual employers;

66 (15) Grant a certification, subject to Section 1411 of the Affordable
67 Care Act, attesting that, for purposes of the individual responsibility
68 penalty under Section 5000A of the Internal Revenue Code, an
69 individual is exempt from the individual responsibility requirement or
70 from the penalty imposed by said Section 5000A because:

71 (A) There is no affordable qualified health plan available through
72 the exchange, or the individual's employer, covering the individual; or

73 (B) The individual meets the requirements for any other such
74 exemption from the individual responsibility requirement or penalty;

75 (16) Provide to the Secretary of the Treasury of the United States the
76 following:

77 (A) A list of the individuals granted a certification under
78 subdivision (15) of this section, including the name and taxpayer
79 identification number of each individual;

80 (B) The name and taxpayer identification number of each individual
81 who was an employee of an employer but who was determined to be
82 eligible for the premium tax credit under Section 36B of the Internal
83 Revenue Code because:

84 (i) The employer did not provide minimum essential health benefits
85 coverage; or

86 (ii) The employer provided the minimum essential coverage but it
87 was determined under Section 36B(c)(2)(C) of the Internal Revenue
88 Code to be unaffordable to the employee or not provide the required
89 minimum actuarial value; and

90 (C) The name and taxpayer identification number of:

91 (i) Each individual who notifies the exchange under Section
92 1411(b)(4) of the Affordable Care Act that such individual has changed
93 employers; and

94 (ii) Each individual who ceases coverage under a qualified health
95 plan during a plan year and the effective date of that cessation;

96 (17) Provide to each employer the name of each employee, as
97 described in subparagraph (B) of subdivision (16) of this section, of the
98 employer who ceases coverage under a qualified health plan during a
99 plan year and the effective date of the cessation;

100 (18) Perform duties required of, or delegated to, the exchange by the
101 Secretary or the Secretary of the Treasury of the United States related
102 to determining eligibility for premium tax credits, reduced cost-
103 sharing or individual responsibility requirement exemptions;

104 (19) Select entities qualified to serve as Navigators in accordance
105 with Section 1311(i) of the Affordable Care Act and award grants to
106 enable Navigators to:

107 (A) Conduct public education activities to raise awareness of the
108 availability of qualified health plans;

109 (B) Distribute fair and impartial information concerning enrollment
110 in qualified health plans and the availability of premium tax credits
111 under Section 36B of the Internal Revenue Code and cost-sharing
112 reductions under Section 1402 of the Affordable Care Act;

113 (C) Facilitate enrollment in qualified health plans;

114 (D) Provide referrals to the Office of the Healthcare Advocate or
115 health insurance ombudsman established under Section 2793 of the
116 Public Health Service Act, 42 USC 300gg-93, as amended from time to
117 time, or any other appropriate state agency or agencies, for any
118 enrollee with a grievance, complaint or question regarding the
119 enrollee's health benefit plan, coverage or a determination under that
120 plan or coverage; and

121 (E) Provide information in a manner that is culturally and
122 linguistically appropriate to the needs of the population being served
123 by the exchange;

124 (20) Review the rate of premium growth within and outside the
125 exchange and consider such information in developing
126 recommendations on whether to continue limiting qualified employer
127 status to small employers;

128 (21) Credit the amount, in accordance with Section 10108 of the
129 Affordable Care Act, of any free choice voucher to the monthly
130 premium of the plan in which a qualified employee is enrolled and
131 collect the amount credited from the offering employer;

132 (22) Consult with stakeholders relevant to carrying out the activities
133 required under sections 38a-1080 to 38a-1090, inclusive, including, but
134 not limited to:

135 (A) Individuals who are knowledgeable about the health care
136 system, have background or experience in making informed decisions
137 regarding health, medical and scientific matters and are enrollees in
138 qualified health plans;

139 (B) Individuals and entities with experience in facilitating
140 enrollment in qualified health plans;

141 (C) Representatives of small employers and self-employed
142 individuals;

143 (D) The Department of Social Services; and

144 (E) Advocates for enrolling hard-to-reach populations;

145 (23) Meet the following financial integrity requirements:

146 (A) Keep an accurate accounting of all activities, receipts and
147 expenditures and annually submit to the Secretary, the Governor, the
148 Insurance Commissioner and the General Assembly a report
149 concerning such accountings;

150 (B) Fully cooperate with any investigation conducted by the
151 Secretary pursuant to the Secretary's authority under the Affordable
152 Care Act and allow the Secretary, in coordination with the Inspector
153 General of the United States Department of Health and Human
154 Services, to:

- 155 (i) Investigate the affairs of the exchange;
- 156 (ii) Examine the properties and records of the exchange; and
- 157 (iii) Require periodic reports in relation to the activities undertaken
158 by the exchange; and
- 159 (C) Not use any funds in carrying out its activities under sections
160 38a-1080 to 38a-1089, inclusive, that are intended for the administrative
161 and operational expenses of the exchange, for staff retreats,
162 promotional giveaways, excessive executive compensation or
163 promotion of federal or state legislative and regulatory modifications;
- 164 (24) Seek to include the most comprehensive health benefit plans
165 that offer high quality benefits at the most affordable price in the
166 exchange and negotiate premiums with health carriers offering or
167 seeking to offer qualified health plans through the exchange; and
- 168 (25) Report at least annually to the General Assembly on the effect
169 of adverse selection on the operations of the exchange and make
170 legislative recommendations, if necessary, to reduce the negative
171 impact from any such adverse selection on the sustainability of the
172 exchange, including recommendations to ensure that regulation of
173 insurers and health benefit plans are similar for qualified health plans
174 offered through the exchange and health benefit plans offered outside
175 the exchange. The exchange shall evaluate whether adverse selection is
176 occurring with respect to health benefit plans that are grandfathered
177 under the Affordable Care Act, self-insured plans, plans sold through
178 the exchange and plans sold outside the exchange.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	38a-1084

Statement of Purpose:

To direct the Connecticut Health Insurance Exchange to actively negotiate, on behalf of consumers, health insurance premiums with insurers for qualified health plans offered through the exchange.

[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.]