



General Assembly

Amendment

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LCO No. 7415

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Offered by:
SEN. KELLY, 21st Dist.

To: Senate Bill No. 596

File No. 3

Cal. No. 38

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

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Section 38a-1084 of the general statutes is repealed and
4 the following is substituted in lieu thereof (*Effective October 1, 2013*):

5 The exchange shall:

6 (1) Administer the exchange for both qualified individuals and
7 qualified employers;

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

11 (3) Implement procedures for the certification, recertification and
12 decertification, consistent with guidelines developed by the Secretary
13 under Section 1311(c) of the Affordable Care Act, and section 38a-1086,

14 of health benefit plans as qualified health plans;

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

17 (5) Provide for enrollment periods, as provided under Section
18 1311(c)(6) of the Affordable Care Act;

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

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

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

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

41 (10) Inform individuals, in accordance with Section 1413 of the
42 Affordable Care Act, of eligibility requirements for the Medicaid
43 program under Title XIX of the Social Security Act, as amended from

44 time to time, the Children's Health Insurance Program (CHIP) under
45 Title XXI of the Social Security Act, as amended from time to time, or
46 any applicable state or local public program, and enroll an individual
47 in such program if the exchange determines, through screening of the
48 application by the exchange, that such individual is eligible for any
49 such program;

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

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

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

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

68 [(15)] (14) Grant a certification, subject to Section 1411 of the
69 Affordable Care Act, attesting that, for purposes of the individual
70 responsibility penalty under Section 5000A of the Internal Revenue
71 Code, an individual is exempt from the individual responsibility
72 requirement or from the penalty imposed by said Section 5000A
73 because:

74 (A) There is no affordable qualified health plan available through

75 the exchange, or the individual's employer, covering the individual; or

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

78 ~~[(16)]~~ (15) Provide to the Secretary of the Treasury of the United
79 States the following:

80 (A) A list of the individuals granted a certification under
81 subdivision ~~[(15)]~~ (14) of this section, including the name and taxpayer
82 identification number of each individual;

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

87 (i) The employer did not provide minimum essential health benefits
88 coverage; or

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

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

94 (i) Each individual who notifies the exchange under Section
95 1411(b)(4) of the Affordable Care Act that such individual has changed
96 employers; and

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

99 ~~[(17)]~~ (16) Provide to each employer the name of each employee, as
100 described in subparagraph (B) of subdivision ~~[(16)]~~ (15) of this section,
101 of the employer who ceases coverage under a qualified health plan
102 during a plan year and the effective date of the cessation;

103 [(18)] (17) Perform duties required of, or delegated to, the exchange
104 by the Secretary or the Secretary of the Treasury of the United States
105 related to determining eligibility for premium tax credits, reduced
106 cost-sharing or individual responsibility requirement exemptions;

107 [(19)] (18) Select entities qualified to serve as Navigators in
108 accordance with Section 1311(i) of the Affordable Care Act and award
109 grants to enable Navigators to:

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

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

116 (C) Facilitate enrollment in qualified health plans;

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

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

127 [(20)] (19) Review the rate of premium growth within and outside
128 the exchange and consider such information in developing
129 recommendations on whether to continue limiting qualified employer
130 status to small employers;

131 [(21)] (20) Credit the amount, in accordance with Section 10108 of
132 the Affordable Care Act, of any free choice voucher to the monthly

133 premium of the plan in which a qualified employee is enrolled and
134 collect the amount credited from the offering employer;

135 [(22)] (21) Consult with stakeholders relevant to carrying out the
136 activities required under sections 38a-1080 to 38a-1090, inclusive,
137 including, but not limited to:

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

142 (B) Individuals and entities with experience in facilitating
143 enrollment in qualified health plans;

144 (C) Representatives of small employers and self-employed
145 individuals;

146 (D) The Department of Social Services; and

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

148 [(23)] (22) Meet the following financial integrity requirements:

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

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

158 (i) Investigate the affairs of the exchange;

159 (ii) Examine the properties and records of the exchange; and

160 (iii) Require periodic reports in relation to the activities undertaken
161 by the exchange; and

162 (C) Not use any funds in carrying out its activities under sections
163 38a-1080 to 38a-1089, inclusive, that are intended for the administrative
164 and operational expenses of the exchange, for staff retreats,
165 promotional giveaways, excessive executive compensation or
166 promotion of federal or state legislative and regulatory modifications;

167 [(24)] (23) Seek to include the most comprehensive health benefit
168 plans that offer high quality benefits at the most affordable price in the
169 exchange; and

170 [(25)] (24) Report at least annually to the General Assembly on the
171 effect of adverse selection on the operations of the exchange and make
172 legislative recommendations, if necessary, to reduce the negative
173 impact from any such adverse selection on the sustainability of the
174 exchange, including recommendations to ensure that regulation of
175 insurers and health benefit plans are similar for qualified health plans
176 offered through the exchange and health benefit plans offered outside
177 the exchange. The exchange shall evaluate whether adverse selection is
178 occurring with respect to health benefit plans that are grandfathered
179 under the Affordable Care Act, self-insured plans, plans sold through
180 the exchange and plans sold outside the exchange.

181 Sec. 2. Subdivision (15) of subsection (c) of section 38a-1083 of the
182 general statutes is repealed and the following is substituted in lieu
183 thereof (*Effective October 1, 2013*):

184 (15) Award grants to Navigators as described in subdivision [(19)]
185 (18) of section 38a-1084, as amended by this act, and in accordance
186 with section 38a-1087. Applications for grants from the exchange shall
187 be made on a form prescribed by the board;"

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>October 1, 2013</i>	38a-1084
Sec. 2	<i>October 1, 2013</i>	38a-1083(c)(15)