



General Assembly

Substitute Bill No. 11

February Session, 2014



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 2014 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective from passage*):

4 (a) The exchange shall:

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

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

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

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

16 (5) Provide for enrollment periods, as provided under Section

17 1311(c)(6) of the Affordable Care Act;

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

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

30 (8) On or before the open enrollment period for plan year 2017,
31 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) Grant a certification, subject to Section 1411 of the Affordable
69 Care Act, attesting that, for purposes of the individual responsibility
70 penalty under Section 5000A of the Internal Revenue Code, an
71 individual is exempt from the individual responsibility requirement or
72 from the penalty imposed by said Section 5000A because:

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

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

77 (16) Provide to the Secretary of the Treasury of the United States the
78 following:

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

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

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

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

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

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

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

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

102 (18) Perform duties required of, or delegated to, the exchange by the
103 Secretary or the Secretary of the Treasury of the United States related
104 to determining eligibility for premium tax credits, reduced cost-

105 sharing or individual responsibility requirement exemptions;

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

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

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

115 (C) Facilitate enrollment in qualified health plans;

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

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

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

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

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

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

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

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

145 (D) The Department of Social Services; and

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

147 (23) Meet the following financial integrity requirements:

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

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

157 (i) Investigate the affairs of the exchange;

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

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

161 (C) Not use any funds in carrying out its activities under sections
162 38a-1080 to 38a-1089, inclusive, and section 38a-1091 that are intended
163 for the administrative and operational expenses of the exchange, for
164 staff retreats, promotional giveaways, excessive executive
165 compensation or promotion of federal or state legislative and
166 regulatory modifications;

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

170 (25) Report at least annually to the General Assembly on the effect
171 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; and

181 (26) Seek funding for and oversee the planning, implementation and
182 development of policies and procedures for the administration of the
183 all-payer claims database program established under section 38a-1091.

184 (b) The exchange may, on and after one year after the effective date
185 of this section, negotiate premiums with health carriers offering or
186 seeking to offer qualified health plans through the exchange.

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

INS *Joint Favorable Subst.*