



# Senate

General Assembly

**File No. 435**

January Session, 2015

Substitute Senate Bill No. 751

*Senate, April 2, 2015*

The Committee on Insurance and Real Estate reported through SEN. CRISCO of the 17th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

***AN ACT REQUIRING THE CONNECTICUT HEALTH INSURANCE EXCHANGE TO POST PROVIDER NETWORK INFORMATION ON ITS INTERNET WEB SITE.***

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 Section 38a-1084 of the general statutes is repealed and  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 October 1, 2015*):

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, accurate and current listings of the health care providers  
21 and facilities in each qualified health plan's network, the enrollee  
22 satisfaction survey information under Section 1311(c)(4) of the  
23 Affordable Care Act and any other information or tools to assist  
24 enrollees and prospective enrollees evaluate qualified health plans  
25 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 moneys lost to waste, fraud  
29 and abuse, on an Internet web site to educate individuals on such  
30 costs;

31 (8) On or before the open enrollment period for plan year 2017,  
32 assign a rating to each qualified health plan offered through the  
33 exchange in accordance with the criteria developed by the Secretary  
34 under Section 1311(c)(3) of the Affordable Care Act, and determine  
35 each qualified health plan's level of coverage in accordance with  
36 regulations issued by the Secretary under Section 1302(d)(2)(A) of the  
37 Affordable Care Act;

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

42 (10) Inform individuals, in accordance with Section 1413 of the

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

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

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

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

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

69 (15) Grant a certification, subject to Section 1411 of the Affordable  
70 Care Act, attesting that, for purposes of the individual responsibility  
71 penalty under Section 5000A of the Internal Revenue Code, an  
72 individual is exempt from the individual responsibility requirement or  
73 from the penalty imposed by said Section 5000A 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) Provide to the Secretary of the Treasury of the United States the  
79 following:

80 (A) A list of the individuals granted a certification under  
81 subdivision (15) 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) Provide to each employer the name of each employee, as  
100 described in subparagraph (B) of subdivision (16) of this section, of the  
101 employer who ceases coverage under a qualified health plan during a  
102 plan year and the effective date of the cessation;

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

107 (19) Select entities qualified to serve as Navigators in accordance  
108 with Section 1311(i) of the Affordable Care Act and award grants to  
109 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) Review the rate of premium growth within and outside the  
128 exchange and consider such information in developing  
129 recommendations on whether to continue limiting qualified employer  
130 status to small employers;

131 (21) Credit the amount, in accordance with Section 10108 of the  
132 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) Consult with stakeholders relevant to carrying out the activities  
136 required under sections 38a-1080 to 38a-1090, inclusive, including, but  
137 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) 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, and section 38a-1091 that are intended  
164 for the administrative and operational expenses of the exchange, for  
165 staff retreats, promotional giveaways, excessive executive  
166 compensation or promotion of federal or state legislative and  
167 regulatory modifications;

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

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

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

|   |                 |          |
|---|-----------------|----------|
| This act shall take effect as follows and shall amend the following sections: |                 |          |
| Section 1   | October 1, 2015 | 38a-1084 |

**INS**      *Joint Favorable Subst.*

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The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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***OFA Fiscal Note***

***State Impact:*** None

***Municipal Impact:*** None

***Explanation***

The bill does not result in a cost to the state's health insurance exchange, Access HealthCT, to post additional information about providers and facilities on its website.

***The Out Years***

***State Impact:*** None

***Municipal Impact:*** None

**OLR Bill Analysis****sSB 751*****AN ACT REQUIRING THE CONNECTICUT HEALTH INSURANCE EXCHANGE TO POST PROVIDER NETWORK INFORMATION ON ITS INTERNET WEB SITE.*****SUMMARY:**

This bill requires the Connecticut Health Insurance Exchange to post on its website accurate and current listings of the health care providers and facilities in each qualified health plan's network. The bill does not specify what constitutes an "accurate" or "current" listing.

By law, exchanges must maintain an Internet website through which people may obtain standardized comparative information on qualified health plans, including enrollee satisfaction survey information and other tools to assist in evaluating the plans.

EFFECTIVE DATE: October 1, 2015

**COMMITTEE ACTION**

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 19 Nay 0 (03/19/2015)