"AN ACT CONCERNING STANDARDS AND REQUIREMENTS FOR HEALTH CARRIERS' PROVIDER NETWORKS AND CONTRACTS BETWEEN HEALTH CARRIERS AND PARTICIPATING PROVIDERS."

After the last section, add the following and renumber sections and internal references accordingly:

"Sec. 501. Section 38a-1092 of the 2016 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

(a) [(1)] (1) Not later than March 31, 2014, and quarterly thereafter, the exchange board of directors shall report to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services and insurance concerning health care services provided through the exchange. Such reports shall include: [(1)] (A) The number of [persons] individuals in households with incomes from one hundred thirty-three per cent up to one hundred fifty per cent of the federal poverty level who were enrolled
(2) Commencing with the next quarterly report due after July 1, 2016, the exchange board of directors shall include the following additional information in the quarterly reports required under subdivision (1) of this subsection: (A) The number of individuals who enrolled in the Medicaid program in the quarter via the exchange; (B) the number of individuals who enrolled in a qualified health plan in the quarter through the exchange and which plans such individuals selected; (C) whether each individual reported enrolled under
subparagraph (A) or (B) of this subdivision was insured immediately prior to such enrollment and if so, the source of such insurance; (D) the number of individuals enrolled in the quarter through the exchange who were eligible for a federal subsidy and the total and average amounts of such subsidies; and (E) the status of the exchange's data privacy protections and the exchange's success rate in ensuring personally identifiable information is not released and the disclosure of information pursuant to sections 38a-1090 and 38a-1091 is performed in accordance with said sections.

(b) (1) The exchange board of directors shall include in the first quarterly report submitted each year to said committees in accordance with subsection (a) of this section, (A) the number of individuals in households with incomes from one hundred thirty-three up to and including two hundred per cent of the federal poverty level who were enrolled in a qualified health plan at the end of the previous calendar year, and (B) the number of individuals who were automatically reenrolled in a qualified health plan through the exchange during the open enrollment period immediately preceding.

(2) Any such number under subparagraph (B) of subdivision (1) of this subsection shall exclude individuals enrolled in or reenrolled in the Medicaid program."

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

| Sec. 501 | July 1, 2016 | 38a-1092 |