



General Assembly

Amendment

February Session, 2016

LCO No. 5368



Offered by:
SEN. KELLY, 21st Dist.

To: Subst. Senate Bill No. 116

File No. 428

Cal. No. 304

**"AN ACT CONCERNING CAREGIVER AGREEMENT
REQUIREMENTS FOR MEDICAID APPLICANTS OR RECIPIENTS."**

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

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4 statutes is repealed and the following is substituted in lieu thereof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

6 (a) (1) Not later than March 31, 2014, and quarterly thereafter, the
7 exchange board of directors shall report to the joint standing
8 committees of the General Assembly having cognizance of matters
9 relating to public health, human services and insurance concerning
10 health care services provided through the exchange. Such reports shall
11 include: [(1)] (A) The number of [persons] individuals in households
12 with incomes from one hundred thirty-three per cent up to one
13 hundred fifty per cent of the federal poverty level who were enrolled
14 in a qualified health plan at any time on or after January 1, 2014; [(2)]
15 (B) the number of [persons] individuals in households with incomes

16 from one hundred fifty per cent up to and including two hundred per
17 cent of the federal poverty level who were enrolled in a qualified
18 health plan at any time on and after January 1, 2014; [(3)] (C) the
19 number of [persons] individuals in households with incomes from one
20 hundred thirty-three per cent up to and including two hundred per
21 cent of the federal poverty level who have been continuously enrolled
22 in a qualified health plan during the current calendar year; [(4)] (D) the
23 number of [persons] individuals in households with incomes from one
24 hundred thirty-three per cent up to and including two hundred per
25 cent of the federal poverty level who were enrolled in a qualified
26 health plan and who subsequently became eligible to receive benefits
27 under the Medicaid program or whose household income increased to
28 more than two hundred per cent of the federal poverty level; [(5)] (E)
29 the number of [persons] individuals in households with incomes from
30 one hundred thirty-three per cent up to and including two hundred
31 per cent of the federal poverty level who experienced a gap in health
32 care coverage; [(6)] (F) the cost to the state of providing health care
33 services to [persons] individuals identified in subparagraph (E) of this
34 subdivision [(5) of this subsection] and the cost to such [persons]
35 individuals to access health care coverage through the exchange; [(7)]
36 (G) the cost of the second-lowest-priced silver premium plan in the
37 exchange; and [(8)] (H) any other information that said board believes
38 would be necessary to allow said committees to evaluate the cost and
39 benefits of a basic health plan.

40 (2) Commencing with the next quarterly report due after July 1,
41 2016, the exchange board of directors shall include the following
42 additional information in the quarterly reports required under
43 subdivision (1) of this subsection: (A) The number of individuals who
44 enrolled in the Medicaid program in the quarter via the exchange; (B)
45 the number of individuals who enrolled in a qualified health plan in
46 the quarter through the exchange and which plans such individuals
47 selected; (C) whether each individual reported enrolled under
48 subparagraph (A) or (B) of this subdivision was insured immediately
49 prior to such enrollment and if so, the source of such insurance; (D) the

50 number of individuals enrolled in the quarter through the exchange
 51 who were eligible for a federal subsidy and the total and average
 52 amounts of such subsidies; and (E) the status of the exchange's data
 53 privacy protections and the exchange's success rate in ensuring
 54 personally identifiable information is not released and the disclosure
 55 of information pursuant to sections 38a-1090 and 38a-1091 is
 56 performed in accordance with said sections.

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

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

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	July 1, 2016	38a-1092