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**A Patient's Right to Certain Information Prior to Treatment by a
Physician, Establishing the Connecticut Medicare Assignment
Program and a Task Force to Develop a Medicare Supple-
mentary Catastrophic Health Coverage Plan**

Sec. 17a-392-1. Scope and authority

(a) This regulation is issued pursuant to Subsection (b) of Section 17a-392 of the Connecticut General Statutes, an act concerning a patient's right to certain information prior to treatment by a physician, establishing the Connecticut Medicare Assignment Program and a task force to develop a Catastrophic Health Coverage Plan.

(b) This regulation shall apply to all physicians licensed pursuant to Chapter 370 of the general statutes, all applicants for and recipients of a Connecticut medicare assignment card and all other eligible participants in the Connecticut Medicare Assignment Program, and the Department.

(Effective December 17, 1992)

Sec. 17a-392-2. Definitions

As used in Section 17a-392-1 to Section 17a-392-14, inclusive:

(a) The **ACT** means Chapter 319a Connecticut General Statutes.

(b) **Applicant** means a person who has applied for initial or continued participation in the program.

(c) **Application** means the forms and other data submitted by an applicant which may be used by the department to determine an applicant's eligibility to participate in the program.

(d) **Department** means the Department on Aging.

(e) **Medicare** means the Federal program of health insurance pursuant to Title XVIII of the Social Security Act of 1935, as amended.

(f) **Medicare Assignment Card** means the identification card issued pursuant to the act and these regulations for the purpose of participation in the program.

(g) **Pace** means the Pharmaceutical Assistance Contract to the elderly and disabled program administered by the department pursuant to Chapter 319e Connecticut General Statutes as amended.

(h) **Program** means the Connecticut Medicare Assignment Program administered by the department pursuant to Chapter 319g Connecticut General Statutes.

(Effective December 17, 1992)

Sec. 17a-392-3. Eligibility: Residence

(a) **Residence criteria.** An applicant must have resided within Connecticut for a period of at least 183 consecutive days immediately preceding the date the applicant's application to participate in the program is received by the Department. The applicant must have or intend to have a fixed place of abode in Connecticut with the present intention of maintaining a permanent home in Connecticut for the indefinite future. Included in this section are persons residing in long-term care institutions located within Connecticut.

(b) **Documentation of Residence.** The burden of establishing proof of residence within Connecticut is on the applicant. Copies of the following documents, citing the applicant's name and address, may be submitted as such proof:

(1) Social Security Administration Form 1099.

(2) A copy of the applicant's current Social Security entitlement letter (SSA 2458).

(3) Landlord's records and rent receipts; mortgage receipts.

(4) Documentation of Property Tax Relief eligibility.

(5) A completed and signed federal income tax return.

(c) **Other documentation.** If an individual does not have any of the documents listed in subsection (b), the individual may submit other documentation showing the applicant's name and address for consideration by the Department, including a driver's license or evidence of financial transactions, such as bank statements or credit card statements.

(d) **Institutional residents.** An applicant who resides in a chronic and convalescent nursing home, rest home with nursing supervision or other institution, may submit a sworn statement or certification of residence signed by a nursing home or institution official as proof of residency.

(e) **Change in residence.** If a program participant leaves Connecticut with the intent to establish domicile elsewhere, he or she becomes ineligible to participate in the program effective as of the date of exit from Connecticut and, in that event, his or her Connecticut Medicare Assignment Card shall be immediately returned to the department.

(Effective December 17, 1992)

Sec. 17a-392-4. Eligibility: Medicare part B enrollment

(a) To be eligible for the program an applicant must be enrolled in Medicare Part B, and must submit proof of such enrollment with any application for initial or continued participation in the program.

(b) Proof of an applicant's enrollment in Medicare Part B shall consist of one of the following:

1. A Medicare enrollment card;

2. A Social Security form 1099 showing premiums paid for Medicare Part B in the prior year;

3. An Explanation of Medicare Benefits for Medicare Part B services, issued within the preceding 12 months.

4. A letter from the Department of Health And Human Services attesting to eligibility issued within the preceding 12 months; or

5. Such other documentation, at the discretion of the department, which may assist in verifying Medicare Part B enrollment.

(Effective December 17, 1992)

Sec. 17a-392-5. Eligibility: Income

(a) To be eligible for the program single applicants must have an annual income that does not exceed one hundred fifty percent of the qualifying income level established for PACE for single individuals by Section 17a-343 of the General Statutes, or as may be increased in regulations of the Commissioner on Aging pursuant to that Act.

(b) To be eligible for the program married applicants must have a combined annual income that does not exceed one hundred fifty percent of the qualifying income level established for PACE for married persons by Section 17a-343 of the General Statutes, or as may be increased in regulations of the Commissioner on Aging pursuant to that Act.

(c) 1. Individuals who are legally married but who live separate and apart, pursuant to a legal separation or separate maintenance agreement or because one or both members of the couple is permanently institutionalized, shall be subject to the qualifying income level for single applicants.

2. Amounts received by either spouse as separate maintenance shall be included as that person's income for the purpose of the program.

3. The income of married couples where one or both members reside in an institution will be apportioned to each spouse as it would be under the regulations governing eligibility for benefits under Title XIX of the Social Security Act in Connecticut (Medicaid).

4. The burden of proving qualification under this subsection (c) shall be on the applicant.

(Effective December 17, 1992)

Sec. 17a-392-6. Income inclusions

(a) Income for the program consists of adjusted gross income for purposes of federal income tax, plus any other income not subject to federal taxation including, but not limited to, the following:

(1) Wages, bonuses, commissions, fees, lottery winnings, taxable portion of annuities, interest, dividends, pensions (including Veteran's), net rent or proceeds from sales of property, etc.

(2) Nontaxable interest, including interest from tax exempt government bonds.

(3) Social Security or railroad retirement income.

(4) Any other income, including Supplemental Security Income, public assistance payments, and excludable portion of dividends per Internal Revenue Service Regulation.

(b) The following shall be deemed not to be income for the purpose of the program:

Casualty loss reimbursements by insurance companies; life insurance proceeds; income derived through volunteer service under the federal Domestic Volunteer Service Act of 1973, as amended (such as stipends earned under the Foster Grandparents Program, retired Senior Volunteer Program, Senior Companion Program, etc.); food stamp coupon allotment; grants for disaster relief; gifts, bequests, or inheritances (although any interest or other income produced by the principal of any gift, bequest, or inheritance must be included); proceeds of reverse annuity mortgages; emergency energy assistance payments.

(Effective December 17, 1992)

Sec. 17a-392-7. Income: Declaration and proof

(a) Each applicant shall declare his or her total annual income for the calendar year immediately preceding the year in which the applicant applies to participate in the program.

(b) An applicant shall be required to submit proof of income. This proof shall consist of a signed copy of a Federal Income Tax Return, or, if no return is filed, bank statements which show interest earned, statements received from trust accounts, dividend earning statements, and statements from the Social Security administration (Forms SSA 1099, SSA 2458) or a photocopy of a recent SSA check, or such other documents, at the discretion of the department, which may assist in verifying the type and amount of income.

(c) If an applicant has experienced a reduction in income from that shown in the prior years documentation and, as a result of such reduction, would be eligible for the program, the applicant may submit such additional documentation in support of the application as will accurately present his or her current status.

(d) Except as provided in subsection (c) of this section, income used to determine eligibility will be that received by an applicant during the calendar year immediately preceding the year in which an application or re-application is submitted.

(Effective December 17, 1992)

Sec. 17a-392-8. Physician participation

(a) A physician who agrees to perform any Medicare-covered services for any individual who presents either a Connecticut Medicare Assignment Card or a valid PACE identification card and proof of enrollment in Medicare Part B, to the physician, physician's staff, or hospital intake worker shall not charge or collect from such an individual any amount in excess of the reasonable charge for that service as determined by the United States Secretary of Health and Human Services pursuant to Title XVIII of the Social Security Act, as amended. The term "Medicare-covered services" as used in this section does not include either types of services specifically excluded from Medicare coverage, or services for which coverage limitations have been reached.

(Effective December 17, 1992)

Sec. 17a-392-9. Participation. Term

(a) Eligibility for and participation in the program is established when a valid program application is approved, and remains in effect until the expiration date stated on the Connecticut Medicare assignment card, unless such card is revoked earlier.

(b) A valid PACE identification card together with proof of participation in Medicare Part B, shall be treated as a Connecticut Medicare assignment card issued pursuant to the act, for all purposes under the act and these regulations, until the expiration date stated on the PACE card, and no person having a PACE identification card shall be required to make separate application for a Connecticut Medicare assignment card in order to obtain benefits under the act.

(c) The eligibility effective date and expiration date shall appear on the face of the Medicare Assignment Card issued by the department to eligible applicants. Such expiration date shall not extend beyond the second anniversary of the eligibility effective date.

(d) A program participant may request a redetermination of eligibility by completing and submitting an application to the Department prior to the expiration date on his or her Connecticut Medicare assignment card. Eligibility will continue without interruption if an applicant completes and submits an application establishing eligibility pursuant to the Act and these regulations at least 45 days prior to the expiration date. If an application form establishing eligibility is not submitted by that date, eligibility will be established upon the department's approval of a later filed application.

(Effective December 17, 1992)

Sec. 17a-392-10. Application process

(a) 1. An applicant is responsible for completing the application forms legibly and accurately, answering all questions fully, and presenting to the department all necessary documentation in regard to residence, income, and enrollment in Medicare Part B.

2. An applicant is also responsible for the following:

- i. Reading the certification and authorization statement on the application form.
- ii. Signing or marking the application form.

iii. Obtaining the signature or mark of the spouse, if the income of the spouse is included, and the signature of the preparer, if any, on the application form.

iv. Submitting the completed application forms to the Department.

v. Assisting the department in securing evidence which corroborates the applicant's statements when necessary.

(b) Applicants who do not consent to and assist with a review by the department of information submitted by the applicant, may be denied eligibility.

(c) Applicants who anticipate an immediate need for medical care which would be covered under the program may request expedited processing of their applications by the Department. Any such request shall be made in writing and shall contain a signed statement by the applicant, that he or she is in immediate need of medical care. When expedited processing is requested as provided herein, the Department will make an eligibility determination within three (3) business days of receipt of the application.

(Effective December 17, 1992)

Sec. 17a-392-11. Application by an agent

(a) In those instances where an applicant is adjudicated incompetent, the Department will accept the court-appointed guardian, or other lawful representative, as an authorized agent for the purpose of filing an application on behalf of the applicant.

(b) In those instances where an applicant is physically incapable of filing an application on his own behalf, any one of the following persons duly designated by the applicant, or any other lawful representative, may file an application on his or her behalf:

1. A close relative by blood or marriage, such as a parent, spouse, son, daughter, brother or sister.

2. A representative payee designated by the Social Security Administration.

3. A representative of a public/private social service agency of which the applicant is a client, who has been designated by the agency to so act.

(Effective December 17, 1992)

Sec. 17a-392-12. Certification

The applicant must certify that all of the answers to the questions and items on the application form are true and accurate to the best of the applicant's knowledge. This certification shall be dated, signed, or marked by the applicant and spouse, if the income of the spouse is included, and the preparer of the form, if other than the applicant, before the application can be processed.

(Effective December 17, 1992)

Sec. 17a-392-13. Prohibited acts. Penalties

(a) No person shall make or cause to be made a false statement or misrepresentation of a material fact in any application or other documentation submitted to the department, or to any physician from whom services are sought under the provisions of the act or these regulations.

(b) No person shall attempt to secure for himself or for another person any benefit under the act or these regulations by concealing or failing to disclose information which would result in the rejection of an application for eligibility for the program.

(c) The Department may revoke and demand the immediate surrender of any card which has been issued based on a violation of the conditions stated in (a) or (b) above. No person shall fail to surrender a Connecticut Medicare assignment card to the department, immediately, upon request by the department to do so.

(d) Nothing herein contained shall be deemed either to create a right of action or to limit any right of action which a physician may have, against any individual who has improperly received benefits under the act or these regulations.

(Effective December 17, 1992)

Sec. 17a-392-14. Appeals

(a) Any applicant who has submitted a complete application, including all required documentation, and been denied participation in the program, may file a written appeal of the denial with the Department within fifteen (15) days of the date the denial letter was issued by the Department. Any such written appeal shall include a statement explaining why a denial should not have been issued.

(b) The Department will respond to any appeal request made in accordance with this section within fifteen (15) days of its filing.

(Effective December 17, 1992)