

2SHB 2754 - S AMD 307

By Senator Jacobsen

ADOPTED 03/06/2006

1 On page 4, after line 7, insert the following:

2 "Sec. 9. RCW 70.47.060 and 2004 c 192 s 3 are each amended to read
3 as follows:

4 The administrator has the following powers and duties:

5 (1) To design and from time to time revise a schedule of covered
6 basic health care services, including physician services, inpatient and
7 outpatient hospital services, prescription drugs and medications, and
8 other services that may be necessary for basic health care. In
9 addition, the administrator may, to the extent that funds are
10 available, offer as basic health plan services chemical dependency
11 services, mental health services and organ transplant services;
12 however, no one service or any combination of these three services
13 shall increase the actuarial value of the basic health plan benefits by
14 more than five percent excluding inflation, as determined by the office
15 of financial management. All subsidized and nonsubsidized enrollees in
16 any participating managed health care system under the Washington basic
17 health plan shall be entitled to receive covered basic health care
18 services in return for premium payments to the plan. The schedule of
19 services shall emphasize proven preventive and primary health care and
20 shall include all services necessary for prenatal, postnatal, and well-
21 child care. However, with respect to coverage for subsidized enrollees
22 who are eligible to receive prenatal and postnatal services through the
23 medical assistance program under chapter 74.09 RCW, the administrator
24 shall not contract for such services except to the extent that such
25 services are necessary over not more than a one-month period in order
26 to maintain continuity of care after diagnosis of pregnancy by the
27 managed care provider. The schedule of services shall also include a
28 separate schedule of basic health care services for children, eighteen
29 years of age and younger, for those subsidized or nonsubsidized
30 enrollees who choose to secure basic coverage through the plan only for

1 their dependent children. In designing and revising the schedule of
2 services, the administrator shall consider the guidelines for assessing
3 health services under the mandated benefits act of 1984, RCW 48.47.030,
4 and such other factors as the administrator deems appropriate.

5 (2)(a) To design and implement a structure of periodic premiums due
6 the administrator from subsidized enrollees that is based upon gross
7 family income, giving appropriate consideration to family size and the
8 ages of all family members. The enrollment of children shall not
9 require the enrollment of their parent or parents who are eligible for
10 the plan. The structure of periodic premiums shall be applied to
11 subsidized enrollees entering the plan as individuals pursuant to
12 subsection (11) of this section and to the share of the cost of the
13 plan due from subsidized enrollees entering the plan as employees
14 pursuant to subsection (12) of this section.

15 (b) To determine the periodic premiums due the administrator from
16 nonsubsidized enrollees. Premiums due from nonsubsidized enrollees
17 shall be in an amount equal to the cost charged by the managed health
18 care system provider to the state for the plan plus the administrative
19 cost of providing the plan to those enrollees and the premium tax under
20 RCW 48.14.0201.

21 (c) To determine the periodic premiums due the administrator from
22 health coverage tax credit eligible enrollees. Premiums due from
23 health coverage tax credit eligible enrollees must be in an amount
24 equal to the cost charged by the managed health care system provider to
25 the state for the plan, plus the administrative cost of providing the
26 plan to those enrollees and the premium tax under RCW 48.14.0201. The
27 administrator will consider the impact of eligibility determination by
28 the appropriate federal agency designated by the Trade Act of 2002
29 (P.L. 107-210) as well as the premium collection and remittance
30 activities by the United States internal revenue service when
31 determining the administrative cost charged for health coverage tax
32 credit eligible enrollees.

33 (d) An employer or other financial sponsor may, with the prior
34 approval of the administrator, pay the premium, rate, or any other
35 amount on behalf of a subsidized or nonsubsidized enrollee, by
36 arrangement with the enrollee and through a mechanism acceptable to the
37 administrator. The administrator shall establish a mechanism for

1 receiving premium payments from the United States internal revenue
2 service for health coverage tax credit eligible enrollees.

3 (e) To develop, as an offering by every health carrier providing
4 coverage identical to the basic health plan, as configured on January
5 1, 2001, a basic health plan model plan with uniformity in enrollee
6 cost-sharing requirements.

7 (3) To evaluate, with the cooperation of participating managed
8 health care system providers, the impact on the basic health plan of
9 enrolling health coverage tax credit eligible enrollees. The
10 administrator shall issue to the appropriate committees of the
11 legislature preliminary evaluations on June 1, 2005, and January 1,
12 2006, and a final evaluation by June 1, 2006. The evaluation shall
13 address the number of persons enrolled, the duration of their
14 enrollment, their utilization of covered services relative to other
15 basic health plan enrollees, and the extent to which their enrollment
16 contributed to any change in the cost of the basic health plan.

17 (4) To end the participation of health coverage tax credit eligible
18 enrollees in the basic health plan if the federal government reduces or
19 terminates premium payments on their behalf through the United States
20 internal revenue service.

21 (5) To design and implement a structure of enrollee cost-sharing
22 due a managed health care system from subsidized, nonsubsidized, and
23 health coverage tax credit eligible enrollees. The structure shall
24 discourage inappropriate enrollee utilization of health care services,
25 and may utilize copayments, deductibles, and other cost-sharing
26 mechanisms, but shall not be so costly to enrollees as to constitute a
27 barrier to appropriate utilization of necessary health care services.

28 (6) To limit enrollment of persons who qualify for subsidies so as
29 to prevent an overexpenditure of appropriations for such purposes.
30 Whenever the administrator finds that there is danger of such an
31 overexpenditure, the administrator shall close enrollment until the
32 administrator finds the danger no longer exists. Such a closure does
33 not apply to health coverage tax credit eligible enrollees who receive
34 a premium subsidy from the United States internal revenue service as
35 long as the enrollees qualify for the health coverage tax credit
36 program.

37 (7) To limit the payment of subsidies to subsidized enrollees, as

1 defined in RCW 70.47.020. The level of subsidy provided to persons who
2 qualify may be based on the lowest cost plans, as defined by the
3 administrator.

4 (8) To adopt a schedule for the orderly development of the delivery
5 of services and availability of the plan to residents of the state,
6 subject to the limitations contained in RCW 70.47.080 or any act
7 appropriating funds for the plan.

8 (9) To solicit and accept applications from managed health care
9 systems, as defined in this chapter, for inclusion as eligible basic
10 health care providers under the plan for subsidized enrollees,
11 nonsubsidized enrollees, or health coverage tax credit eligible
12 enrollees. The administrator shall endeavor to assure that covered
13 basic health care services are available to any enrollee of the plan
14 from among a selection of two or more participating managed health care
15 systems. In adopting any rules or procedures applicable to managed
16 health care systems and in its dealings with such systems, the
17 administrator shall consider and make suitable allowance for the need
18 for health care services and the differences in local availability of
19 health care resources, along with other resources, within and among the
20 several areas of the state. Contracts with participating managed
21 health care systems shall ensure that basic health plan enrollees who
22 become eligible for medical assistance may, at their option, continue
23 to receive services from their existing providers within the managed
24 health care system if such providers have entered into provider
25 agreements with the department of social and health services.

26 (10) To receive periodic premiums from or on behalf of subsidized,
27 nonsubsidized, and health coverage tax credit eligible enrollees,
28 deposit them in the basic health plan operating account, keep records
29 of enrollee status, and authorize periodic payments to managed health
30 care systems on the basis of the number of enrollees participating in
31 the respective managed health care systems.

32 (11) To accept applications from individuals residing in areas
33 served by the plan, on behalf of themselves and their spouses and
34 dependent children, for enrollment in the Washington basic health plan
35 as subsidized, nonsubsidized, or health coverage tax credit eligible
36 enrollees, to give priority to members of the Washington national guard
37 and reserves who served in operation enduring freedom, operation Iraqi
38 freedom, or operation noble eagle, and their spouses and dependents,

1 for enrollment in the Washington basic health plan, to establish
2 appropriate minimum-enrollment periods for enrollees as may be
3 necessary, and to determine, upon application and on a reasonable
4 schedule defined by the authority, or at the request of any enrollee,
5 eligibility due to current gross family income for sliding scale
6 premiums. Funds received by a family as part of participation in the
7 adoption support program authorized under RCW 26.33.320 and 74.13.100
8 through 74.13.145 shall not be counted toward a family's current gross
9 family income for the purposes of this chapter. When an enrollee fails
10 to report income or income changes accurately, the administrator shall
11 have the authority either to bill the enrollee for the amounts overpaid
12 by the state or to impose civil penalties of up to two hundred percent
13 of the amount of subsidy overpaid due to the enrollee incorrectly
14 reporting income. The administrator shall adopt rules to define the
15 appropriate application of these sanctions and the processes to
16 implement the sanctions provided in this subsection, within available
17 resources. No subsidy may be paid with respect to any enrollee whose
18 current gross family income exceeds twice the federal poverty level or,
19 subject to RCW 70.47.110, who is a recipient of medical assistance or
20 medical care services under chapter 74.09 RCW. If a number of
21 enrollees drop their enrollment for no apparent good cause, the
22 administrator may establish appropriate rules or requirements that are
23 applicable to such individuals before they will be allowed to reenroll
24 in the plan.

25 (12) To accept applications from business owners on behalf of
26 themselves and their employees, spouses, and dependent children, as
27 subsidized or nonsubsidized enrollees, who reside in an area served by
28 the plan. The administrator may require all or the substantial
29 majority of the eligible employees of such businesses to enroll in the
30 plan and establish those procedures necessary to facilitate the orderly
31 enrollment of groups in the plan and into a managed health care system.
32 The administrator may require that a business owner pay at least an
33 amount equal to what the employee pays after the state pays its portion
34 of the subsidized premium cost of the plan on behalf of each employee
35 enrolled in the plan. Enrollment is limited to those not eligible for
36 medicare who wish to enroll in the plan and choose to obtain the basic
37 health care coverage and services from a managed care system
38 participating in the plan. The administrator shall adjust the amount

1 determined to be due on behalf of or from all such enrollees whenever
2 the amount negotiated by the administrator with the participating
3 managed health care system or systems is modified or the administrative
4 cost of providing the plan to such enrollees changes.

5 (13) To determine the rate to be paid to each participating managed
6 health care system in return for the provision of covered basic health
7 care services to enrollees in the system. Although the schedule of
8 covered basic health care services will be the same or actuarially
9 equivalent for similar enrollees, the rates negotiated with
10 participating managed health care systems may vary among the systems.
11 In negotiating rates with participating systems, the administrator
12 shall consider the characteristics of the populations served by the
13 respective systems, economic circumstances of the local area, the need
14 to conserve the resources of the basic health plan trust account, and
15 other factors the administrator finds relevant.

16 (14) To monitor the provision of covered services to enrollees by
17 participating managed health care systems in order to assure enrollee
18 access to good quality basic health care, to require periodic data
19 reports concerning the utilization of health care services rendered to
20 enrollees in order to provide adequate information for evaluation, and
21 to inspect the books and records of participating managed health care
22 systems to assure compliance with the purposes of this chapter. In
23 requiring reports from participating managed health care systems,
24 including data on services rendered enrollees, the administrator shall
25 endeavor to minimize costs, both to the managed health care systems and
26 to the plan. The administrator shall coordinate any such reporting
27 requirements with other state agencies, such as the insurance
28 commissioner and the department of health, to minimize duplication of
29 effort.

30 (15) To evaluate the effects this chapter has on private employer-
31 based health care coverage and to take appropriate measures consistent
32 with state and federal statutes that will discourage the reduction of
33 such coverage in the state.

34 (16) To develop a program of proven preventive health measures and
35 to integrate it into the plan wherever possible and consistent with
36 this chapter.

37 (17) To provide, consistent with available funding, assistance for
38 rural residents, underserved populations, and persons of color.

1 (18) In consultation with appropriate state and local government
2 agencies, to establish criteria defining eligibility for persons
3 confined or residing in government-operated institutions.

4 (19) To administer the premium discounts provided under RCW
5 48.41.200(3)(a) (i) and (ii) pursuant to a contract with the Washington
6 state health insurance pool."

7 Renumber the remaining sections consecutively and correct internal
8 references accordingly.

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9 On page 1, line 2 of the title, after "43.60A.010" insert "and
10 70.47.060"

EFFECT: Gives returning veterans from Iraq and Afghanistan
priority when enrolling in the basic health plan.

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