

SSB 6583 - H AMD TO APP COMM AMD (H5950.1) 1431
By Representative Hinkle

ADOPTED 03/06/2008

1 On page 4, after line 2 of the amendment, insert the following:

2 "Sec. 4. RCW 48.41.100 and 2007 c 259 s 30 are each amended to
3 read as follows:

4 (1) The following persons who are residents of this state are
5 eligible for pool coverage:

6 (a) Any person who provides evidence of a carrier's decision not to
7 accept him or her for enrollment in an individual health benefit plan
8 as defined in RCW 48.43.005 based upon, and within ninety days of the
9 receipt of, the results of the standard health questionnaire designated
10 by the board and administered by health carriers under RCW 48.43.018;

11 (b) Any person who continues to be eligible for pool coverage based
12 upon the results of the standard health questionnaire designated by the
13 board and administered by the pool administrator pursuant to subsection
14 (3) of this section;

15 (c) Any person who resides in a county of the state where no
16 carrier or insurer eligible under chapter 48.15 RCW offers to the
17 public an individual health benefit plan other than a catastrophic
18 health plan as defined in RCW 48.43.005 at the time of application to
19 the pool, and who makes direct application to the pool; and

20 (d) Any medicare eligible person upon providing evidence of
21 rejection for medical reasons, a requirement of restrictive riders, an
22 up-rated premium, or a preexisting conditions limitation on a medicare
23 supplemental insurance policy under chapter 48.66 RCW, the effect of
24 which is to substantially reduce coverage from that received by a
25 person considered a standard risk by at least one member within six
26 months of the date of application.

27 (2) The following persons are not eligible for coverage by the
28 pool:

29 (a) Any person having terminated coverage in the pool unless (i)
30 twelve months have lapsed since termination, or (ii) that person can

1 show continuous other coverage which has been involuntarily terminated
2 for any reason other than nonpayment of premiums. However, these
3 exclusions do not apply to eligible individuals as defined in section
4 2741(b) of the federal health insurance portability and accountability
5 act of 1996 (42 U.S.C. Sec. 300gg-41(b));

6 (b) Any person on whose behalf the pool has paid out two million
7 dollars in benefits;

8 (c) Inmates of public institutions, and those persons (~~whose~~
9 ~~benefits are duplicated under public programs~~) who become eligible for
10 medical assistance after June 30, 2008, as defined in RCW 74.09.010.
11 However, these exclusions do not apply to eligible individuals as
12 defined in section 2741(b) of the federal health insurance portability
13 and accountability act of 1996 (42 U.S.C. Sec. 300gg-41(b));

14 (d) Any person who resides in a county of the state where any
15 carrier or insurer regulated under chapter 48.15 RCW offers to the
16 public an individual health benefit plan other than a catastrophic
17 health plan as defined in RCW 48.43.005 at the time of application to
18 the pool and who does not qualify for pool coverage based upon the
19 results of the standard health questionnaire, or pursuant to subsection
20 (1)(d) of this section.

21 (3) When a carrier or insurer regulated under chapter 48.15 RCW
22 begins to offer an individual health benefit plan in a county where no
23 carrier had been offering an individual health benefit plan:

24 (a) If the health benefit plan offered is other than a catastrophic
25 health plan as defined in RCW 48.43.005, any person enrolled in a pool
26 plan pursuant to subsection (1)(c) of this section in that county shall
27 no longer be eligible for coverage under that plan pursuant to
28 subsection (1)(c) of this section, but may continue to be eligible for
29 pool coverage based upon the results of the standard health
30 questionnaire designated by the board and administered by the pool
31 administrator. The pool administrator shall offer to administer the
32 questionnaire to each person no longer eligible for coverage under
33 subsection (1)(c) of this section within thirty days of determining
34 that he or she is no longer eligible;

35 (b) Losing eligibility for pool coverage under this subsection (3)
36 does not affect a person's eligibility for pool coverage under
37 subsection (1)(a), (b), or (d) of this section; and

1 (c) The pool administrator shall provide written notice to any
2 person who is no longer eligible for coverage under a pool plan under
3 this subsection (3) within thirty days of the administrator's
4 determination that the person is no longer eligible. The notice shall:
5 (i) Indicate that coverage under the plan will cease ninety days from
6 the date that the notice is dated; (ii) describe any other coverage
7 options, either in or outside of the pool, available to the person;
8 (iii) describe the procedures for the administration of the standard
9 health questionnaire to determine the person's continued eligibility
10 for coverage under subsection (1)(b) of this section; and (iv) describe
11 the enrollment process for the available options outside of the pool.

12 (4) The board shall ensure that an independent analysis of the
13 eligibility standards for the pool coverage is conducted, including
14 examining the eight percent eligibility threshold, eligibility for
15 medicaid enrollees and other publicly sponsored enrollees, and the
16 impacts on the pool and the state budget. The board shall report the
17 findings to the legislature by December 1, 2007."

18 Renumber the remaining section consecutively, correct any internal
19 references accordingly, and correct the title.

EFFECT: Changes the eligibility for the Washington State Health Insurance Pool (WSHIP) for those persons that are eligible for medical assistance after June 30, 2008. No new medical assistance enrollees will be allowed to receive their coverage through WSHIP with medical assistance premium coordination; current enrollees may continue in the program.

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