S-2773.1				

SUBSTITUTE SENATE BILL 5898

2009 Regular Session

By Senate Health & Long-Term Care (originally sponsored by Senators Pflug, Keiser, and Zarelli)

61st Legislature

READ FIRST TIME 03/27/09.

State of Washington

- 1 AN ACT Relating to reforming publicly funded health care through 2. the creation of the apple health community care council; and adding a
- new section to chapter 74.09 RCW. 3

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- BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON: 4
- 5 NEW SECTION. Sec. 1. A new section is added to chapter 74.09 RCW 6 to read as follows:
 - (1) The Washington state apple health community care council is created as an emergency working group within the department. emergency working group will work to preserve critical publicly funded medical assistance programs that provide medical coverage to families and adults while providing a solution for a single entry way for all medical programs available to the low-income populations in Washington The council shall operate with the secretary of the department or his or her designee and the administrator of the health care authority or his or her designee, acting as cochairs. The council shall also include four members of the legislature, appointed by their respective caucuses in the house of representatives and the senate, and additional members in the discretion of the cochairs, such that a viable working group can be established to accomplish the goals set

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forth in this section. The council shall function within the department's current appropriation and make use of any available private, public, or other grant funding. The primary duties of the council shall include:

- (a) Subject to appropriation, the immediate redesign, reintroduction, and possible consolidation of state medical assistance and subsidized coverage programs that will preserve current enrollment levels for eligible enrollees and capture any additional federal funding;
- (b) By September 1, 2009, submit to the federal department of health and human services a proposal to establish one seamless coverage program to encompass state medical assistance programs, the state children's health insurance program, general assistance unemployable medical, and the basic health plan, to the extent allowed by the federal department of health and human services. The council shall explore alternative benefit packages including health savings accounts, alternative cost-sharing arrangements, utilization review, and other cost controlling measures to achieve cost neutrality among currently served populations. The council shall also examine income and asset eligibility requirements for programs currently funded by state only funds. The council shall take such actions as may be necessary to ensure the broadest federal financial participation under Title XIX and XXI of the federal social security act;
 - (c) Creation of one seamless application and entry way for all state medical assistance programs to include medicaid, the state children's health insurance program, general assistance unemployable medical, and the basic health plan. The application must include all necessary items for eligibility determinations for any current medical offerings without regard for the funding source. Applications may be electronic and may include an electronic signature for verification and authentication. In creating a single portal by which individuals can seek state-sponsored or subsidized coverage, the council shall consider:
 - (i) Transparent and streamlined medical assistance programs, with seamless transition between coverage programs financed through various funding sources;
- (ii) Seamless coverage options that allow individuals to move from medical assistance to subsidized coverage to premium subsidy programs

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and ultimately to private nonsubsidized coverage while maintaining the same provider network and wellness incentive programs for the whole family;

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- (iii) Eligibility determinations that direct enrollees to the appropriate program to maximize federal financing where possible, and that do not permit persons to enroll in two programs simultaneously; and
- (iv) Improved reimbursement methodologies and rates to enhance access to health care and quality of care delivery that include enhanced medical home reimbursement and bundled payment methodologies; and
- (d) Develop a premium assistance program to be called the apple health employer cooperative whereby employers can participate in coverage options for employees and dependents of employees otherwise eligible for state subsidized programs. The council shall make every effort to maximize enrollment in employer-sponsored health insurance when it is cost-effective for the state to do so, and the purchase is consistent with the requirements of Title XIX and XXI of the federal social security act. To the extent allowable under federal law, the council shall require enrollment in available employer-sponsored coverage as a condition of participating in the program. The council may use current infrastructure within the health care authority as may be necessary to coordinate payments and sliding scale premium contributions, and to explore the further expansions of employer involvement in state subsidized insurance products. Such expansions may entail creative alternatives that seek additional employersponsored financing, such as section 125 cafeteria plans with a defined contribution in partnership with a state premium subsidy as well as funded health savings accounts or health reimbursement arrangements that provide incentives to reduce overutilization and control costs.
- (2) By January 1, 2010, the apple health community care council shall produce a proposal to the legislature and the federal department of health and human services for a broadened apple health employer cooperative which will be accessible to employers of enrollees in any of the federally matched or state-sponsored medical assistance programs.

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(3) By January 1, 2011, the apple health community care council shall produce a proposal that would consolidate the major medical offerings describe in subsection (1)(b) of this section to streamline all operations and eliminate duplication while maximizing federal funds.

(4) For the purposes of this section, "bundled payment" means providing a single payment for all services related to a treatment or condition, possibly spanning multiple providers in multiple settings.

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