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HOUSE BILL 1544

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State of Washington

62nd Legislature

2011 Regular Session

By Representatives Hunter and Anderson

Read first time 01/25/11. Referred to Committee on Health & Human Services Appropriations & Oversight.

1 AN ACT Relating to restricting the eligibility for the basic health  
2 plan to the basic health transition eligibles population under the  
3 medicaid waiver; reenacting and amending RCW 70.47.020; and declaring  
4 an emergency.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 **Sec. 1.** RCW 70.47.020 and 2009 c 568 s 2 are each reenacted and  
7 amended to read as follows:

8 As used in this chapter:

9 (1) "Administrator" means the Washington basic health plan  
10 administrator, who also holds the position of administrator of the  
11 Washington state health care authority.

12 (2) "Health coverage tax credit eligible enrollee" means individual  
13 workers and their qualified family members who lose their jobs due to  
14 the effects of international trade and are eligible for certain trade  
15 adjustment assistance benefits; or are eligible for benefits under the  
16 alternative trade adjustment assistance program; or are people who  
17 receive benefits from the pension benefit guaranty corporation and are  
18 at least fifty-five years old.

1 (3) "Health coverage tax credit program" means the program created  
2 by the Trade Act of 2002 (P.L. 107-210) that provides a federal tax  
3 credit that subsidizes private health insurance coverage for displaced  
4 workers certified to receive certain trade adjustment assistance  
5 benefits and for individuals receiving benefits from the pension  
6 benefit guaranty corporation.

7 (4) "Managed health care system" means: (a) Any health care  
8 organization, including health care providers, insurers, health care  
9 service contractors, health maintenance organizations, or any  
10 combination thereof, that provides directly or by contract basic health  
11 care services, as defined by the administrator and rendered by duly  
12 licensed providers, to a defined patient population enrolled in the  
13 plan and in the managed health care system; or (b) a self-funded or  
14 self-insured method of providing insurance coverage to subsidized  
15 enrollees provided under RCW 41.05.140 and subject to the limitations  
16 under RCW 70.47.100(7).

17 (5) "Nonsubsidized enrollee" means an individual, or an individual  
18 plus the individual's spouse or dependent children: (a) Who is not  
19 eligible for medicare; (b) who is not confined or residing in a  
20 government-operated institution, unless he or she meets eligibility  
21 criteria adopted by the administrator; (c) who is accepted for  
22 enrollment by the administrator as provided in RCW 48.43.018, either  
23 because the potential enrollee cannot be required to complete the  
24 standard health questionnaire under RCW 48.43.018, or, based upon the  
25 results of the standard health questionnaire, the potential enrollee  
26 would not qualify for coverage under the Washington state health  
27 insurance pool; (d) who resides in an area of the state served by a  
28 managed health care system participating in the plan; (e) who chooses  
29 to obtain basic health care coverage from a particular managed health  
30 care system; and (f) who pays or on whose behalf is paid the full costs  
31 for participation in the plan, without any subsidy from the plan.

32 (6) "Premium" means a periodic payment, which an individual, their  
33 employer or another financial sponsor makes to the plan as  
34 consideration for enrollment in the plan as a subsidized enrollee, a  
35 nonsubsidized enrollee, or a health coverage tax credit eligible  
36 enrollee.

37 (7) "Rate" means the amount, negotiated by the administrator with

1 and paid to a participating managed health care system, that is based  
2 upon the enrollment of subsidized, nonsubsidized, and health coverage  
3 tax credit eligible enrollees in the plan and in that system.

4 (8) "Subsidy" means the difference between the amount of periodic  
5 payment the administrator makes to a managed health care system on  
6 behalf of a subsidized enrollee plus the administrative cost to the  
7 plan of providing the plan to that subsidized enrollee, and the amount  
8 determined to be the subsidized enrollee's responsibility under RCW  
9 70.47.060(2).

10 (9) "Subsidized enrollee" means:

11 (a) An individual, or an individual plus the individual's spouse or  
12 dependent children:

13 (i) Who is not eligible for medicare;

14 (ii) Who is not confined or residing in a government-operated  
15 institution, unless he or she meets eligibility criteria adopted by the  
16 administrator;

17 (iii) Who is not a full-time student who has received a temporary  
18 visa to study in the United States;

19 (iv) Who resides in an area of the state served by a managed health  
20 care system participating in the plan;

21 (v) Until March 1, 2011, whose gross family income at the time of  
22 enrollment does not exceed two hundred percent of the federal poverty  
23 level as adjusted for family size and determined annually by the  
24 federal department of health and human services;

25 (vi) Who chooses to obtain basic health care coverage from a  
26 particular managed health care system in return for periodic payments  
27 to the plan; (~~and~~)

28 (vii) Who is not receiving medical assistance administered by the  
29 department of social and health services; and

30 (viii) After February 28, 2011, who is in the basic health  
31 transition eligibles population under 1115 medicaid demonstration  
32 project number 11-W-00254/10;

33 (b) An individual who meets the requirements in (a)(i) through  
34 (iv), (vi), and (vii) of this subsection and who is a foster parent  
35 licensed under chapter 74.15 RCW and whose gross family income at the  
36 time of enrollment does not exceed three hundred percent of the federal  
37 poverty level as adjusted for family size and determined annually by  
38 the federal department of health and human services; and

1 (c) To the extent that state funds are specifically appropriated  
2 for this purpose, with a corresponding federal match, an individual, or  
3 an individual's spouse or dependent children, who meets the  
4 requirements in (a)(i) through (iv), (vi), and (vii) of this subsection  
5 and whose gross family income at the time of enrollment is more than  
6 two hundred percent, but less than two hundred fifty-one percent, of  
7 the federal poverty level as adjusted for family size and determined  
8 annually by the federal department of health and human services.

9 (10) "Washington basic health plan" or "plan" means the system of  
10 enrollment and payment for basic health care services, administered by  
11 the plan administrator through participating managed health care  
12 systems, created by this chapter.

13 NEW SECTION. **Sec. 2.** This act is necessary for the immediate  
14 preservation of the public peace, health, or safety, or support of the  
15 state government and its existing public institutions, and takes effect  
16 immediately.

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