

**ESSB 6016** - H COMM AMD

By Committee on Health Care & Wellness

ADOPTED AND ENGROSSED 3/5/14

1 Strike everything after the enacting clause and insert the  
2 following:

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 43.71 RCW  
4 to read as follows:

5 (1) The exchange must support the grace period by providing  
6 electronic information to an issuer of a qualified health plan or a  
7 qualified dental plan that complies with 45 C.F.R. Sec. 156.270 (2013)  
8 and 45 C.F.R. Sec. 155.430 (2013).

9 (2) If the health benefit exchange notifies an enrollee that he or  
10 she is delinquent on payment of premium, the notice must include  
11 information on how to report a change in income or circumstances and an  
12 explanation that such a report may result in a change in the premium  
13 amount or program eligibility.

14 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43 RCW  
15 to read as follows:

16 (1) For an enrollee who is in the second or third month of the  
17 grace period, an issuer of a qualified health plan shall:

18 (a) Upon request by a health care provider or health care facility,  
19 provide information regarding the enrollee's eligibility status in  
20 real-time; and

21 (b) Notify a health care provider or health care facility that an  
22 enrollee is in the grace period within three business days after  
23 submittal of a claim or status request for services provided.

24 (2) The information or notification required under subsection (1)  
25 of this section must, at a minimum, indicate "grace period" or use the  
26 appropriate national coding standard as the reason for pending the  
27 claim if a claim is pended due to the enrollee's grace period status.

28 (3) By December 1, 2014, and annually each December 1st thereafter,  
29 the health benefit exchange shall provide a report to the appropriate

1 committees of the legislature with the following information for the  
2 calendar year: (a) The number of exchange enrollees who entered the  
3 grace period; (b) the number of enrollees who subsequently paid premium  
4 after entering the grace period; (c) the average number of days  
5 enrollees were in the grace period prior to paying premium; and (d) the  
6 number of enrollees who were in the grace period and whose coverage was  
7 terminated due to nonpayment of premium. The report must include as  
8 much data as is available for the calendar year.

9 (4) For purposes of this section, "grace period" means nonpayment  
10 of premiums by an enrollee receiving advance payments of the premium  
11 tax credit, as defined in section 1412 of the patient protection and  
12 affordable care act, P.L. 111-148, as amended by the health care and  
13 education reconciliation act, P.L. 111-152, and implementing  
14 regulations issued by the federal department of health and human  
15 services.

16 **Sec. 3.** RCW 48.43.--- and 2014 c . . . s 2 (section 2 of this act)  
17 are each amended to read as follows:

18 (1) For an enrollee who is in the second or third month of the  
19 grace period, an issuer of a qualified health plan shall:

20 (a) Upon request by a health care provider or health care facility,  
21 provide information regarding the enrollee's eligibility status in  
22 real-time; and

23 (b) Notify a health care provider or health care facility that an  
24 enrollee is in the grace period within three business days after  
25 submittal of a claim or status request for services provided.

26 (2) The information or notification required under subsection (1)  
27 of this section must, at a minimum((7)):

28 (a) Indicate "grace period" or use the appropriate national coding  
29 standard as the reason for pending the claim if a claim is pended due  
30 to the enrollee's grace period status; and

31 (b) Except for notifications provided electronically, indicate that  
32 enrollee is in the second or third month of the grace period.

33 (3) By December 1, 2014, and annually each December 1st thereafter,  
34 the health benefit exchange shall provide a report to the appropriate  
35 committees of the legislature with the following information for the  
36 calendar year: (a) The number of exchange enrollees who entered the  
37 grace period; (b) the number of enrollees who subsequently paid premium

1 after entering the grace period; (c) the average number of days  
2 enrollees were in the grace period prior to paying premium; and (d) the  
3 number of enrollees who were in the grace period and whose coverage was  
4 terminated due to nonpayment of premium. The report must include as  
5 much data as is available for the calendar year.

6 (4) For purposes of this section, "grace period" means nonpayment  
7 of premiums by an enrollee receiving advance payments of the premium  
8 tax credit, as defined in section 1412 of the patient protection and  
9 affordable care act, P.L. 111-148, as amended by the health care and  
10 education reconciliation act, P.L. 111-152, and implementing  
11 regulations issued by the federal department of health and human  
12 services.

13 NEW SECTION. **Sec. 4.** Section 3 of this act takes effect January  
14 1st following the issuance of a report under section 2(3) of this act  
15 indicating that coverage was terminated due to nonpayment of premium  
16 for ten thousand or more enrollees who were in the grace period in that  
17 calendar year. In no case may section 3 of this act take effect before  
18 January 1, 2015. The health benefit exchange must provide notice of  
19 the effective date of section 3 of this act to affected parties, the  
20 chief clerk of the house of representatives, the secretary of the  
21 senate, the office of the code reviser, and others as deemed  
22 appropriate by the health benefit exchange."

23 Correct the title.

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