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SENATE BILL 5626

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State of Washington

64th Legislature

2015 Regular Session

By Senators Frockt, Jayapal, Keiser, Conway, Kohl-Welles, and Hasegawa

Read first time 01/26/15. Referred to Committee on Health Care.

1 AN ACT Relating to detailed enrollment data for the health  
2 benefit exchange; amending RCW 48.43.039; and adding a new section to  
3 chapter 43.71 RCW.

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

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 43.71  
6 RCW to read as follows:

7 (1) The exchange must capture detailed enrollment and demographic  
8 data for enrollment processed for qualified health plans and medicaid  
9 plans, and post monthly enrollment reports to the web page. Detailed  
10 enrollment information must include the following statewide and  
11 county-level enrollment for qualified health plans and medicaid:  
12 Enrollment by income bands measured by federal poverty level, 0-138%,  
13 138-150%, 150-200%, 200-250%, 250-400%, and above; enrollment by  
14 county, by health plan, and by gender, race, language, and age.

15 (2) The exchange must also provide this detail for reports on  
16 changes that cause medicaid and health benefit exchange plan  
17 enrollees to lose eligibility or move between coverage as follows:

18 (a) Monthly reports that detail the movement of enrollment  
19 between health benefit exchange plans and medicaid based on  
20 contributing factors that can be determined from health benefit

1 exchange data including pregnancy, family and individual income  
2 changes, and other changes of circumstances.

3 (b) Twice yearly reports, end of second and fourth quarter, that  
4 analyze enrollment changes using survey or additional data, which  
5 must provide information about movement of enrollment between health  
6 benefit exchange plans and medicaid and gaps in coverage based on  
7 contributing factors that include incarceration, issues with  
8 affordability, and offers of employer-sponsored insurance. All survey  
9 and other primary data collection activities used to provide  
10 information must be representative of the Washington state residents  
11 and priority subpopulations (such as county, race/ethnicity, age,  
12 etc.) through the use of appropriate sampling methods.

13 (3) If the exchange discontinues premium aggregation and direct  
14 billing of consumers, the exchange must ensure the qualified health  
15 plans report data back to the exchange on enrollees that may enter  
16 the grace period as defined in RCW 48.43.039 and P.L. 111-148 of  
17 2010, as amended.

18 **Sec. 2.** RCW 48.43.039 and 2014 c 84 s 3 are each amended to read  
19 as follows:

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

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

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

28 (c) Notify the health benefit exchange of enrollees in a grace  
29 period.

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

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

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

37 (3) By December 1, 2014, and annually each December 1st  
38 thereafter, the health benefit exchange shall provide a report to the  
39 appropriate committees of the legislature with the following

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

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