HOUSE BILL 1237

State of Washington 61st Legislature 2009 Regular Session

By Representatives Hinkle and Cody; by request of Department of Social and Health Services

Read first time 01/15/09. Referred to Committee on Health Care & Wellness.

AN ACT Relating to modifying the implementation date, the benefit design, and the obligations of participating managed health care systems for nonsubsidized state health coverage for children by amending RCW 74.09.470(5)(b); and amending RCW 74.09.470.

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

6 Sec. 1. RCW 74.09.470 and 2007 c 5 s 2 are each amended to read as 7 follows:

(1) Consistent with the goals established in RCW 74.09.402, through 8 9 the program authorized in this section, the department shall provide 10 affordable health care coverage to children under the age of nineteen 11 who reside in Washington state and whose family income at the time of enrollment is not greater than two hundred fifty percent of the federal 12 13 poverty level as adjusted for family size and determined annually by 14 the federal department of health and human services, and effective January 1, 2009, and only to the extent that funds are specifically 15 16 appropriated therefor, to children whose family income is not greater 17 than three hundred percent of the federal poverty level. In administering the program, the department shall take such actions as 18 19 mav be necessary to ensure the receipt of federal financial

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participation under the medical assistance program, as codified at Title XIX of the federal social security act, the state children's health insurance program, as codified at Title XXI of the federal social security act, and any other federal funding sources that are now available or may become available in the future. The department and the caseload forecast council shall estimate the anticipated caseload and costs of the program established in this section.

8 (2) The department shall accept applications for enrollment for 9 children's health care coverage; establish appropriate minimumenrollment periods, as may be necessary; and determine eligibility 10 11 based on current family income. The department shall make eligibility 12 determinations within the time frames for establishing eligibility for 13 children on medical assistance, as defined by RCW 74.09.510. The application and annual renewal processes shall be designed to minimize 14 15 administrative barriers for applicants and enrolled clients, and to minimize gaps in eligibility for families who are eligible for 16 coverage. If a change in family income results in a change in program 17 eligibility, the department shall transfer the family members to the 18 19 appropriate programs and notify the family with respect to any change 20 in premium obligation, without a break in eligibility. The department 21 shall use the same eligibility redetermination and appeals procedures 22 as those provided for children on medical assistance programs. The 23 department shall modify its eligibility renewal procedures to lower the percentage of children failing to annually renew. The department shall 24 25 report to the appropriate committees of the legislature on its progress 26 in this regard by December 2007.

(3) To ensure continuity of care and ease of understanding for families and health care providers, and to maximize the efficiency of the program, the amount, scope, and duration of health care services provided to children under this section shall be the same as that provided to children under medical assistance, as defined in RCW 74.09.520.

(4) The primary mechanism for purchasing health care coverage under this section shall be through contracts with managed health care systems as defined in RCW 74.09.522 except when utilization patterns suggest that fee-for-service purchasing could produce equally effective and cost-efficient care. However, the department shall make every effort within available resources to purchase health care coverage for

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uninsured children whose families have access to dependent coverage 1 2 through an employer-sponsored health plan or another source when it is cost-effective for the state to do so, and the purchase is consistent 3 4 with requirements of Title XIX and Title XXI of the federal social To the extent allowable under federal 5 security act. law, the б department shall require families to enroll in available employersponsored coverage, as a condition of participating in the program 7 established under chapter 5, Laws of 2007, when it is cost-effective 8 9 for the state to do so. Families who enroll in available employersponsored coverage under chapter 5, Laws of 2007 shall be accounted for 10 11 separately in the annual report required by RCW 74.09.053.

12 (5)(a) То reflect appropriate parental responsibility, the 13 department shall develop and implement a schedule of premiums for children's health care coverage due to the department from families 14 with income greater than two hundred percent of the federal poverty 15 level. For families with income greater than two hundred fifty percent 16 of the federal poverty level, the premiums shall be established in 17 consultation with the senate majority and minority leaders and the 18 speaker and minority leader of the house of representatives. Premiums 19 20 shall be set at a reasonable level that does not pose a barrier to 21 enrollment. The amount of the premium shall be based upon family 22 income and shall not exceed the premium limitations in Title XXI of the federal social security act. Premiums shall not be imposed on children 23 24 in households at or below two hundred percent of the federal poverty level as articulated in RCW 74.09.055. 25

26 (b) Beginning January 1, ((2009)) 2010, the department shall offer 27 families whose income is greater than three hundred percent of the 28 federal poverty level the opportunity to purchase health care coverage for their children ((through the programs administered under this 29 30 section)) without a premium subsidy from the state. The amount paid by the family shall be in an amount equal to the rate paid by the state to 31 32 the managed health care system for coverage of the child, including any 33 associated and administrative costs to the state of providing coverage for the child. 34

35 (i) The activities and operations of the children's health coverage 36 program under this subsection, including those of managed health care 37 systems to the extent of their participation in the program, are exempt 38 from the provisions of Title 48 RCW, except: 1 (A) The coverage is subject to RCW 48.21.200 and is excess to the 2 benefits payable under the terms of any insurance policy issued to or 3 on the behalf of an enrollee that provides payments toward medical 4 expenses without a determination of liability for the injury.

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 (B) Managed health care systems are subject to the provisions of

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 RCW 48.43.022, 48.43.500 through 48.43.535, 48.43.545, and 48.43.550.

7 (ii) The activities and operations of the children's health 8 coverage program under this subsection are subject to the provisions of 9 RCW 43.70.235, 70.02.045, 70.02.110, and 70.02.900.

10 <u>(iii) Persons appointed or authorized to solicit applications for</u> 11 <u>enrollment in nonsubsidized state children's health coverage, including</u> 12 <u>employees of the department, must comply with chapter 48.17 RCW.</u> For 13 <u>purposes of this subsection, the term "solicit" does not include</u> 14 <u>distributing information and applications for nonsubsidized state</u> 15 <u>children's health coverage and responding to questions.</u>

16 (iv) Amounts paid to a managed health care system by the department 17 for providing health care services pursuant to this subsection must 18 comply with RCW 48.14.0201.

19 (6) The department shall undertake a proactive, targeted outreach 20 and education effort with the goal of enrolling children in health 21 coverage and improving the health literacy of youth and parents. The 22 department shall collaborate with the department of health, local 23 public health jurisdictions, the office of (([the])) the superintendent 24 of public instruction, the department of early learning, health educators, health care providers, health carriers, and parents in the 25 26 design and development of this effort. The outreach and education 27 effort shall include the following components:

(a) Broad dissemination of information about the availability ofcoverage, including media campaigns;

30 (b) Assistance with completing applications, and community-based 31 outreach efforts to help people apply for coverage. Community-based 32 outreach efforts should be targeted to the populations least likely to 33 be covered;

34 (c) Use of existing systems, such as enrollment information from 35 the free and reduced-price lunch program, the department of early 36 learning child care subsidy program, the department of health's women, 37 infants, and children program, and the early childhood education and

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1 assistance program, to identify children who may be eligible but not 2 enrolled in coverage;

3 (d) Contracting with community-based organizations and government 4 entities to support community-based outreach efforts to help families 5 apply for coverage. These efforts should be targeted to the 6 populations least likely to be covered. The department shall provide 7 informational materials for use by government entities and community-8 based organizations in their outreach activities, and should identify 9 any available federal matching funds to support these efforts;

(e) Development and dissemination of materials to engage and inform 10 11 parents and families statewide on issues such as: The benefits of 12 health insurance coverage; the appropriate use of health services, 13 including primary care provided by health care practitioners licensed under chapters 18.71, 18.57, 18.36A, and 18.79 RCW, and emergency 14 services; the value of a medical home, well-child services and 15 immunization, and other preventive health services with linkages to 16 department of health child profile efforts; identifying and managing 17 chronic conditions such as asthma and diabetes; and the value of good 18 19 nutrition and physical activity;

(f) An evaluation of the outreach and education efforts, based upon clear outcome measures that are included in contracts with entities that undertake components of the outreach and education effort;

23 (g) A feasibility study and implementation plan to develop online 24 application capability that is integrated with the department's automated client eligibility system, and to develop data linkages with 25 26 the office of (({the})) the superintendent of public instruction for 27 free and reduced-price lunch enrollment information and the department early learning for child 28 care subsidy program enrollment of 29 information. The department shall submit a feasibility study on the 30 implementation of the requirements in this subsection to the governor and legislature by July 2008. 31

32 (7) The department shall take action to increase the number of 33 primary care physicians providing dental disease preventive services 34 including oral health screenings, risk assessment, family education, 35 the application of fluoride varnish, and referral to a dentist as 36 needed.

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(8) The department shall monitor the rates of substitution between

1 private-sector health care coverage and the coverage provided under 2 this section and shall report to appropriate committees of the

3 legislature by December 2010.

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