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SECOND SUBSTITUTE SENATE BILL 5142

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State of Washington

64th Legislature

2015 Regular Session

By Senate Ways & Means (originally sponsored by Senators Becker, Bailey, Rivers, Brown, and Keiser)

READ FIRST TIME 02/27/15.

1 AN ACT Relating to the health benefit exchange aggregation of  
2 funds and collection of data; amending RCW 43.71.030; adding a new  
3 section to chapter 43.71 RCW; creating a new section; and providing  
4 an effective date.

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

6 **Sec. 1.** RCW 43.71.030 and 2012 c 87 s 4 are each amended to read  
7 as follows:

8 (1) The exchange may, consistent with the purposes of this  
9 chapter: (a) Sue and be sued in its own name; (b) make and execute  
10 agreements, contracts, and other instruments, with any public or  
11 private person or entity; (c) employ, contract with, or engage  
12 personnel; (d) pay administrative costs; (e) accept grants,  
13 donations, loans of funds, and contributions in money, services,  
14 materials or otherwise, from the United States or any of its  
15 agencies, from the state of Washington and its agencies or from any  
16 other source, and use or expend those moneys, services, materials, or  
17 other contributions; and (f) (~~aggregate or delegate the aggregation~~  
18 ~~of funds that comprise the premium for a health plan; and (g))~~)  
19 complete other duties necessary to begin open enrollment in qualified  
20 health plans through the exchange beginning October 1, 2013.

1 (2) The board shall develop a methodology to ensure the exchange  
2 is self-sustaining after December 31, 2014. The board shall seek  
3 input from health carriers to develop funding mechanisms that fairly  
4 and equitably apportion among carriers the reasonable administrative  
5 costs and expenses incurred to implement the provisions of this  
6 chapter. The board shall submit its recommendations to the  
7 legislature by December 1, 2012. If the legislature does not enact  
8 legislation during the 2013 regular session to modify or reject the  
9 board's recommendations, the board may proceed with implementation of  
10 the recommendations.

11 (3) The board shall establish policies that permit city and  
12 county governments, Indian tribes, tribal organizations, urban Indian  
13 organizations, private foundations, and other entities to pay  
14 premiums on behalf of qualified individuals.

15 (4) The employees of the exchange may participate in the public  
16 employees' retirement system under chapter 41.40 RCW and the public  
17 employees' benefits board under chapter 41.05 RCW.

18 (5) Qualified employers may access coverage for their employees  
19 through the exchange for small groups under section 1311 of P.L.  
20 111-148 of 2010, as amended. The exchange shall enable any qualified  
21 employer to specify a level of coverage so that any of its employees  
22 may enroll in any qualified health plan offered through the small  
23 group exchange at the specified level of coverage.

24 (6) The exchange shall report its activities and status to the  
25 governor and the legislature as requested, and no less often than  
26 annually.

27 (7) Except for the small business health options program, the  
28 exchange shall not aggregate or delegate the aggregation of funds  
29 that comprise the premium for any enrollee.

30 NEW SECTION. Sec. 2. A new section is added to chapter 43.71  
31 RCW to read as follows:

32 (1) The exchange must capture detailed enrollment and demographic  
33 data for enrollment processed for qualified health plans. The health  
34 care authority must capture detailed enrollment and demographic data  
35 for enrollment processed for medicaid. The exchange must work with  
36 the authority to determine a consistent set of reports on enrollment  
37 in qualified health plans and medicaid plans to enable the exchange  
38 to do the following:

1 (a) Post twice-yearly detailed enrollment reports to the web  
2 page. Detailed enrollment information must include the following  
3 statewide and county-level enrollment for qualified health plans and  
4 medicaid: Enrollment by income bands measured by federal poverty  
5 level, enrollment by county, by health plan, and by gender, race,  
6 language, and age.

7 (b) Post high-level monthly summary level enrollment metrics that  
8 include: Qualified health plan enrollment and medicaid enrollment. As  
9 feasible, the exchange must add qualified health plan enrollment by  
10 carrier, and information on mixed households with enrollment in a  
11 qualified health plan and a medicaid plan.

12 (c) Provide information on medicaid and health benefit exchange  
13 plan enrollees that move or churn between coverage in medicaid plans  
14 and qualified health plans. The exchange must post the results of the  
15 detailed analysis of churn factors that is scheduled to be completed  
16 in coordination with the authority.

17 (2) At least annually, the exchange must publish survey results  
18 that assess consumers' perspectives on enrollment, disenrollment, and  
19 services provided by the exchange.

20 (3) Carriers offering exchange plans must report data back to the  
21 exchange that supports federal and state reporting requirements,  
22 including information described in RCW 48.43.039(3).

23 NEW SECTION. **Sec. 3.** (1) The Washington health benefit  
24 exchange, jointly with the office of the insurance commissioner and  
25 the health care authority, must monitor the process of moving the  
26 payment function out of the exchange with the goal of promoting a  
27 successful transition for consumers who will use the exchange to  
28 enroll in a health plan in the 2016 plan year and beyond.

29 (2) The three agencies identified in subsection (1) of this  
30 section must provide a brief status report to the joint select  
31 committee on health care oversight by June 2015 or at the next  
32 regularly scheduled meeting.

33 NEW SECTION. **Sec. 4.** Sections 1 and 2 of this act take effect  
34 January 1, 2016.

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