CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1826

60th Legislature 2007 Regular Session

Passed by the House March 10, 2007 Yeas 97 Nays 0	CERTIFICATE
	I, Richard Nafziger, Chief Clerk of the House of Representatives of the State of Washington, do hereby
Speaker of the House of Representatives	certify that the attached is SUBSTITUTE HOUSE BILL 1826 as passed by the House of Representatives and the Senate on
Passed by the Senate April 10, 2007 Yeas 48 Nays 0	the dates hereon set forth.
	Chief Clerk
President of the Senate	
Approved	FILED
	Secretary of State State of Washington
Governor of the State of Washington	

SUBSTITUTE HOUSE BILL 1826

Passed Legislature - 2007 Regular Session

State of Washington

60th Legislature

2007 Regular Session

By House Committee on Health Care & Wellness (originally sponsored by Representatives Seaquist, Hinkle, Morrell, Moeller and Ormsby; by request of Department of Social and Health Services)

READ FIRST TIME 02/28/07.

- 1 AN ACT Relating to medical benefits; amending RCW 74.09A.005,
- 2 74.09A.010, and 74.09A.020; adding a new section to chapter 74.09A RCW;
- 3 providing an effective date; and declaring an emergency.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 5 Sec. 1. RCW 74.09A.005 and 1993 c 10 s 1 are each amended to read 6 as follows:
- 7 The legislature finds that:
- 8 (1) Simplification in the administration of payment of health 9 benefits is important for the state, providers, and ((private)) <u>health</u>
- 10 insurers;
- 11 (2) The state, providers, and ((private)) health insurers should 12 take advantage of all opportunities to streamline operations through
- 13 automation and the use of common computer standards; ((and))
- 14 (3) It is in the best interests of the state, providers, and
- 15 ((private)) health insurers to identify all third parties that are
- 16 obligated to cover the cost of health care coverage of joint
- 17 beneficiaries; and
- 18 (4) Health insurers, as a condition of doing business in

- Washington, must increase their effort to share information with the department and accept the department's timely claims consistent with 42 U.S.C. 1396a(a)(25).
- Therefore, the legislature declares that to improve the coordination of benefits between the department of social and health services and ((private)) health insurers to ensure that medical insurance benefits are properly utilized, a transfer of ((uniform information from the department of social and health services to Washington state private insurers should be instituted)) information between the department and health insurers should be instituted, and the process for submitting requests for information and claims should be simplified.
- **Sec. 2.** RCW 74.09A.010 and 1993 c 10 s 2 are each amended to read 14 as follows:
- 15 For the purposes of this chapter:
- 16 (1) "Department" means the department of social and health
 17 services.
 - (2) "Health insurance coverage" includes any ((coverage)) policy, contract, or agreement under which ((medical)) health care items or services are provided, arranged, reimbursed, or paid for by ((an employer or a union whether that coverage is provided through a self-insurance program, under the employee retirement income security act of 1974, a commercial insurer pursuant to chapters 48.20 and 48.21 RCW, a health care service contractor pursuant to chapter 48.44 RCW, or a health maintenance organization pursuant to chapter 48.46 RCW, and medical assistance under chapter 74.09 RCW, and the state through this chapter)) a health insurer.
 - ((\(\frac{(2)}{2}\))) (3) "Health insurer" means any party that is, by statute, policy, contract, or agreement, legally responsible for payment of a claim for a health care item or service, including, but not limited to, a commercial insurance company providing disability insurance under chapter 48.20 or 48.21 RCW, a health care service contractor providing health care coverage under chapter 48.44 RCW, a health maintenance organization providing comprehensive health care services under chapter 48.46 RCW, ((\(\frac{and shall also include any}{and employer or union ((\(\frac{that}{that is providing health insurance coverage on a))}) self-insured ((\(\frac{basis}{that is}\)))

plan, any private insurer, a group health plan, a service benefit plan, a managed care organization, a pharmacy benefit manager, and a third party administrator.

4

6 7

8

2526

27

2829

30

31

3233

34

3536

37

- (((3) "Medical assistance administration" means the division within the department of social and health services authorized under chapter 74.09 RCW.))
- (4) "Computerized" means on-line or batch processing with standardized format via magnetic tape output.
- 9 (5) (("Insurance coverage" means subscriber and beneficiary
 10 eligibility and benefit coverage data.
- 11 (6)) "Joint beneficiary" is ((a resident of Washington state)) an 12 individual who has ((private)) health insurance coverage and is a 13 recipient of public assistance benefits under chapter 74.09 RCW.
- 14 **Sec. 3.** RCW 74.09A.020 and 2005 c 274 s 350 are each amended to read as follows:
- 16 (1) The ((medical assistance administration)) department shall 17 provide routine and periodic computerized information to ((private)) health insurers regarding client eligibility and coverage information. 18 ((Private)) Health insurers shall use this information to identify 19 20 joint beneficiaries. Identification of joint beneficiaries shall be transmitted to the ((medical assistance administration)) department. 21 The ((medical assistance administration)) department shall use this 22 23 information to improve accuracy and currency of health insurance 24 coverage and promote improved coordination of benefits.
 - (2) To the maximum extent possible, necessary data elements and a compatible data base shall be developed by affected health insurers and the ((medical assistance administration)) department. The ((medical assistance administration)) department shall establish a representative group of health insurers and state agency representatives to develop necessary technical and file specifications to promote a standardized data base. The data base shall include elements essential to the ((medical assistance administration)) department and its population's health insurance coverage information.
 - (3) If the state and ((private)) health insurers enter into other agreements regarding the use of common computer standards, the data base identified in this section shall be replaced by the new common computer standards.

p. 3 SHB 1826.PL

- 1 (4) The information provided will be of sufficient detail to 2 promote reliable and accurate benefit coordination and identification 3 of individuals who are also eligible for ((medical assistance 4 administration)) department programs.
 - (5) The frequency of updates will be mutually agreed to by each health insurer and the ((medical assistance administration)) department based on frequency of change and operational limitations. In no event shall the computerized data be provided less than semiannually.
 - (6) The <u>health</u> insurers and the ((medical assistance administration)) department shall safeguard and properly use the information to protect records as provided by law, including but not limited to chapters 42.48, 74.09, 74.04, 70.02, and 42.56 RCW, and 42 U.S.C. Sec. 1396a and 42 C.F.R. Sec. 43 et seq. The purpose of this exchange of information is to improve coordination and administration of benefits and ensure that medical insurance benefits are properly utilized.
- 17 (7) The ((medical assistance administration)) department shall
 18 target implementation of this ((chapter)) section to those ((private))
 19 health insurers with the highest probability of joint beneficiaries.
- NEW SECTION. Sec. 4. A new section is added to chapter 74.09A RCW to read as follows:
- Health insurers, as a condition of doing business in Washington, must:
 - (1) Provide, with respect to individuals who are eligible for, or are provided, medical assistance under chapter 74.09 RCW, upon the request of the department, information to determine during what period the individual or their spouses or their dependants may be, or may have been, covered by a health insurer and the nature of coverage that is or was provided by the health insurer, including the name, address, and identifying number of the plan, in a manner prescribed by the department;
- 32 (2) Accept the department's right to recovery and the assignment to 33 the department of any right of an individual or other entity to payment 34 from the party for an item or service for which payment has been made 35 under chapter 74.09 RCW;
- 36 (3) Respond to any inquiry by the department regarding a claim for

5

6 7

8

9

10

11

12

13

14

15 16

24

2526

2728

2930

31

payment for any health care item or service that is submitted not later than three years after the date of the provision of such health care item or service;

4

5

6 7

8

10

11

12

- (4) Agree not to deny a claim submitted by the department solely on the basis of the date of submission of the claim, the type or format of the claim form, or a failure to present proper documentation at the point-of-sale that is the basis of the claim, if:
- (a) The claim is submitted by the department within the three-year period beginning on the date the item or service was furnished; and
- (b) Any action by the department to enforce its rights with respect to such claim is commenced within six years of the department's submission of such claim; and
- 13 (5) Agree that the prevailing party in any legal action to enforce 14 this section receives reasonable attorneys' fees as well as related 15 collection fees and costs incurred in the enforcement of this section.
- NEW SECTION. Sec. 5. This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect July 1, 2007.

--- END ---