

RCW 70.47.110 Enrollment of medical assistance recipients. The health care authority may make payments to *managed health care systems, as defined in RCW 74.09.522 or in this chapter, on behalf of any person who is a recipient of medical care under chapter 74.09 RCW, up to the maximum rate allowable for federal matching purposes under Title XIX of the social security act. Any enrollee on whose behalf the health care authority makes such payments may continue as an enrollee, making premium payments based on the enrollee's own income as determined under the sliding scale, after eligibility for coverage under chapter 74.09 RCW has ended, as long as the enrollee remains eligible under this chapter. Nothing in this section affects the right of any person eligible for coverage under chapter 74.09 RCW to receive the services offered to other persons under that chapter but not included in the schedule of basic health care services covered by the plan. The director shall seek to determine which enrollees or prospective enrollees may be eligible for medical care under chapter 74.09 RCW and may require these individuals to complete the eligibility determination process under chapter 74.09 RCW prior to enrollment or continued participation in the plan. The director shall adopt procedures to facilitate the transition of plan enrollees and payments on their behalf between the plan and the programs established under chapter 74.09 RCW. [2014 c 198 § 1; 2011 1st sp.s. c 15 § 84; 1991 sp.s. c 4 § 3; 1987 1st ex.s. c 5 § 13.]

***Reviser's note:** RCW 74.09.522 was amended by 2023 c 51 § 43, removing the definition of "managed health care system" and changing "managed health care system" to "managed care organization."

Effective date—Findings—Intent—Report—Agency transfer—References to head of health care authority—Draft legislation—2011 1st sp.s. c 15: See notes following RCW 74.09.010.

Effective date—1991 sp.s. c 4: See note following RCW 70.47.030.