CERTIFICATION OF ENROLLMENT

SENATE BILL 5731

61st Legislature
2009 Regular Session

Passed by the Senate April 20, 2009
YEAS 47 NAYS 0

President of the Senate

Passed by the House April 8, 2009
YEAS 98 NAYS 0

Speaker of the House of Representatives

Approved

Governor of the State of Washington

CERTIFICATE

I, Thomas Hoemann, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SENATE BILL 5731** as passed by the Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

Secretary of State
State of Washington

SENATE BILL 5731

AS AMENDED BY THE HOUSE

Passed Legislature - 2009 Regular Session

State of Washington 61st Legislature 2009 Regular Session

By Senators Keiser and Pflug

Read first time 01/29/09. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to distribution of health plan information; and
2 amending RCW 48.43.510.

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

4 **Sec. 1.** RCW 48.43.510 and 2000 c 5 s 6 are each amended to read as
5 follows:
6 (1) A carrier that offers a health plan may not offer to sell a
7 health plan to an enrollee or to any group representative, agent,
8 employer, or enrollee representative without first offering to provide,
9 and providing upon request, the following information before purchase
10 or selection:
11 (a) A listing of covered benefits, including prescription drug
12 benefits, if any, a copy of the current formulary, if any is used,
13 definitions of terms such as generic versus brand name, and policies
14 regarding coverage of drugs, such as how they become approved or taken
15 off the formulary, and how consumers may be involved in decisions about
16 benefits;
17 (b) A listing of exclusions, reductions, and limitations to covered
18 benefits, and any definition of medical necessity or other coverage
19 criteria upon which they may be based;

(c) A statement of the carrier's policies for protecting the confidentiality of health information;

(d) A statement of the cost of premiums and any enrollee cost-sharing requirements;

(e) A summary explanation of the carrier's grievance process;

(f) A statement regarding the availability of a point-of-service option, if any, and how the option operates; and

(g) A convenient means of obtaining lists of participating primary care and specialty care providers, including disclosure of network arrangements that restrict access to providers within any plan network. The offer to provide the information referenced in this subsection (1) must be clearly and prominently displayed on any information provided to any prospective enrollee or to any prospective group representative, agent, employer, or enrollee representative.

(2) Upon the request of any person, including a current enrollee, prospective enrollee, or the insurance commissioner, a carrier must provide written information regarding any health care plan it offers, that includes the following written information:

(a) Any documents, instruments, or other information referred to in the medical coverage agreement;

(b) A full description of the procedures to be followed by an enrollee for consulting a provider other than the primary care provider and whether the enrollee's primary care provider, the carrier's medical director, or another entity must authorize the referral;

(c) Procedures, if any, that an enrollee must first follow for obtaining prior authorization for health care services;

(d) A written description of any reimbursement or payment arrangements, including, but not limited to, capitation provisions, fee-for-service provisions, and health care delivery efficiency provisions, between a carrier and a provider or network;

(e) Descriptions and justifications for provider compensation programs, including any incentives or penalties that are intended to encourage providers to withhold services or minimize or avoid referrals to specialists;

(f) An annual accounting of all payments made by the carrier which have been counted against any payment limitations, visit limitations, or other overall limitations on a person's coverage under a plan;

1 (g) A copy of the carrier's grievance process for claim or service
2 denial and for dissatisfaction with care; and
3 (h) Accreditation status with one or more national managed care
4 accreditation organizations, and whether the carrier tracks its health
5 care effectiveness performance using the health employer data
6 information set (HEDIS), whether it publicly reports its HEDIS data,
7 and how interested persons can access its HEDIS data.
8 (3) Each carrier shall provide to all enrollees and prospective
9 enrollees a list of available disclosure items.
10 (4) Nothing in this section requires a carrier or a health care
11 provider to divulge proprietary information to an enrollee, including
12 the specific contractual terms and conditions between a carrier and a
13 provider.
14 (5) No carrier may advertise or market any health plan to the
15 public as a plan that covers services that help prevent illness or
16 promote the health of enrollees unless it:
17 (a) Provides all clinical preventive health services provided by
18 the basic health plan, authorized by chapter 70.47 RCW;
19 (b) Monitors and reports annually to enrollees on standardized
20 measures of health care and satisfaction of all enrollees in the health
21 plan. The state department of health shall recommend appropriate
22 standardized measures for this purpose, after consideration of national
23 standardized measurement systems adopted by national managed care
24 accreditation organizations and state agencies that purchase managed
25 health care services; and
26 (c) Makes available upon request to enrollees its integrated plan
27 to identify and manage the most prevalent diseases within its enrolled
28 population, including cancer, heart disease, and stroke.
29 (6) No carrier may preclude or discourage its providers from
30 informing an enrollee of the care he or she requires, including various
31 treatment options, and whether in the providers' view such care is
32 consistent with the plan's health coverage criteria, or otherwise
33 covered by the enrollee's medical coverage agreement with the carrier.
34 No carrier may prohibit, discourage, or penalize a provider otherwise
35 practicing in compliance with the law from advocating on behalf of an
36 enrollee with a carrier. Nothing in this section shall be construed to
37 authorize a provider to bind a carrier to pay for any service.

(7) No carrier may preclude or discourage enrollees or those paying for their coverage from discussing the comparative merits of different carriers with their providers. This prohibition specifically includes prohibiting or limiting providers participating in those discussions even if critical of a carrier.

(8) Each carrier must communicate enrollee information required in chapter 5, Laws of 2000 by means that ensure that a substantial portion of the enrollee population can make use of the information. Carriers may implement alternative, efficient methods of communication to ensure enrollees have access to information including, but not limited to, web site alerts, postcard mailings, and electronic communication in lieu of printed materials.

(9) The commissioner may adopt rules to implement this section. In developing rules to implement this section, the commissioner shall consider relevant standards adopted by national managed care accreditation organizations and state agencies that purchase managed health care services, as well as opportunities to reduce administrative costs included in health plans.

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