CERTIFICATION OF ENROLLMENT

ENGROSSED SUBSTITUTE SENATE BILL 6016

63rd Legislature 2014 Regular Session

Passed by the Senate March 10, 2014 YEAS 45 NAYS 4 President of the Senate Passed by the House March 5, 2014 YEAS 92 NAYS 6	CERTIFICATE
	I, Hunter G. Goodman, Secretary of the Senate of the State of Washington, do hereby certify that the attached is ENGROSSEI SUBSTITUTE SENATE BILL 6016 as passed by the Senate and the House of Representatives on the dates hereon set forth.
Approved	FILED
	Secretary of State State of Washington
Governor of the State of Washington	

ENGROSSED SUBSTITUTE SENATE BILL 6016

AS AMENDED BY THE HOUSE

Passed Legislature - 2014 Regular Session

State of Washington 63rd Legislature 2014 Regular Session

By Senate Health Care (originally sponsored by Senators Rivers, Keiser, Cleveland, Tom, Kline, and McAuliffe)

READ FIRST TIME 02/07/14.

- 1 AN ACT Relating to the grace period for enrollees of the Washington
- 2 health benefit exchange; amending RCW 48.43.---; adding a new section
- 3 to chapter 43.71 RCW; adding a new section to chapter 48.43 RCW; and
- 4 providing a contingent effective date.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 6 <u>NEW SECTION.</u> **Sec. 1.** A new section is added to chapter 43.71 RCW 7 to read as follows:
- 8 (1) The exchange must support the grace period by providing 9 electronic information to an issuer of a qualified health plan or a 10 qualified dental plan that complies with 45 C.F.R. Sec. 156.270 (2013)
- 11 and 45 C.F.R. Sec. 155.430 (2013).
- 12 (2) If the health benefit exchange notifies an enrollee that he or
- 13 she is delinquent on payment of premium, the notice must include
- information on how to report a change in income or circumstances and an
- 15 explanation that such a report may result in a change in the premium
- 16 amount or program eligibility.
- 17 <u>NEW SECTION.</u> **Sec. 2.** A new section is added to chapter 48.43 RCW
- 18 to read as follows:

- 1 (1) For an enrollee who is in the second or third month of the grace period, an issuer of a qualified health plan shall:
 - (a) Upon request by a health care provider or health care facility, provide information regarding the enrollee's eligibility status in real-time; and
 - (b) Notify a health care provider or health care facility that an enrollee is in the grace period within three business days after submittal of a claim or status request for services provided.
 - (2) The information or notification required under subsection (1) of this section must, at a minimum, indicate "grace period" or use the appropriate national coding standard as the reason for pending the claim if a claim is pended due to the enrollee's grace period status.
 - (3) By December 1, 2014, and annually each December 1st thereafter, the health benefit exchange shall provide a report to the appropriate committees of the legislature with the following information for the calendar year: (a) The number of exchange enrollees who entered the grace period; (b) the number of enrollees who subsequently paid premium after entering the grace period; (c) the average number of days enrollees were in the grace period prior to paying premium; and (d) the number of enrollees who were in the grace period and whose coverage was terminated due to nonpayment of premium. The report must include as much data as is available for the calendar year.
 - (4) For purposes of this section, "grace period" means nonpayment of premiums by an enrollee receiving advance payments of the premium tax credit, as defined in section 1412 of the patient protection and affordable care act, P.L. 111-148, as amended by the health care and education reconciliation act, P.L. 111-152, and implementing regulations issued by the federal department of health and human services.
- 30 Sec. 3. RCW 48.43.--- and 2014 c . . . s 2 (section 2 of this act)
 31 are each amended to read as follows:
 - (1) For an enrollee who is in the second or third month of the grace period, an issuer of a qualified health plan shall:
- 34 (a) Upon request by a health care provider or health care facility, 35 provide information regarding the enrollee's eligibility status in 36 real-time; and

(b) Notify a health care provider or health care facility that an enrollee is in the grace period within three business days after submittal of a claim or status request for services provided.

- (2) The information or notification required under subsection (1) of this section must, at a minimum((-)):
- (a) Indicate "grace period" or use the appropriate national coding standard as the reason for pending the claim if a claim is pended due to the enrollee's grace period status; and
- (b) Except for notifications provided electronically, indicate that enrollee is in the second or third month of the grace period.
- (3) By December 1, 2014, and annually each December 1st thereafter, the health benefit exchange shall provide a report to the appropriate committees of the legislature with the following information for the calendar year: (a) The number of exchange enrollees who entered the grace period; (b) the number of enrollees who subsequently paid premium after entering the grace period; (c) the average number of days enrollees were in the grace period prior to paying premium; and (d) the number of enrollees who were in the grace period and whose coverage was terminated due to nonpayment of premium. The report must include as much data as is available for the calendar year.
- (4) For purposes of this section, "grace period" means nonpayment of premiums by an enrollee receiving advance payments of the premium tax credit, as defined in section 1412 of the patient protection and affordable care act, P.L. 111-148, as amended by the health care and education reconciliation act, P.L. 111-152, and implementing regulations issued by the federal department of health and human services.
- NEW SECTION. Sec. 4. Section 3 of this act takes effect January 1st following the issuance of a report under section 2(3) of this act indicating that coverage was terminated due to nonpayment of premium for ten thousand or more enrollees who were in the grace period in that calendar year. In no case may section 3 of this act take effect before January 1, 2015. The health benefit exchange must provide notice of the effective date of section 3 of this act to affected parties, the chief clerk of the house of representatives, the secretary of the

- 1 senate, the office of the code reviser, and others as deemed
- 2 appropriate by the health benefit exchange.

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