

SB 723

FILED

2002 MAR 18 P 5: 34

OFFICE WEST VIRGINIA
SECRETARY OF STATE

WEST VIRGINIA LEGISLATURE
Regular Session, 2002



ENROLLED

SENATE BILL NO. 723

(By Senator Prezioso, et al)



PASSED March 5, 2002

In Effect from **Passage**

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Senate Bill No. 723

(BY SENATORS PREZIOSO, PLYMALE, REDD, ROSS, MCCABE,
SHARPE, BOLEY AND SPROUSE)

[Passed March 5, 2002; in effect from passage.]

AN ACT to amend chapter sixteen of the code of West Virginia, one thousand nine hundred thirty-one, as amended, by adding thereto a new article, designated article twenty-nine-f, relating to authorizing pilot program for assisting uninsured and underinsured persons in obtaining health care coverage.

Be it enacted by the Legislature of West Virginia:

That chapter sixteen of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended by adding thereto a new article, designated article twenty-nine-f, to read as follows:

ARTICLE 29F. UNINSURED AND UNDERINSURED PILOT PROGRAMS.

§16-29F-1. Uninsured and underinsured health coverage assistance; pilot program.

1 (a) The U.S. department of health and human services
2 has established a federal grant program to encourage
3 innovative integrated health care delivery systems to serve
4 uninsured and underinsured persons with greater effi-
5 ciency and improved quality of care and to further maxi-
6 mize reimbursements to health care providers which
7 provide these services. The "Community Access Program"
8 (CAP) grants as authorized in the federal register: Febru-
9 ary 4, 2000 (volume 65, number 24), allow for the estab-
10 lishment of local programs to reorganize and reintegrate
11 local health care delivery systems. This section authorizes,
12 on a trial basis, the establishment of pilot programs in the
13 state which receive a grant under CAP to coordinate
14 health care provider reimbursements, to allow an opportu-
15 nity for innovations in payment for health care services to
16 be tested and, if successful, to be permanently imple-
17 mented.

18 (b) An entity receiving a CAP grant may initiate a
19 program that comports to the federal grant requirements
20 and meets the requirements of this section. The pilot
21 program may enroll persons to participate in this pilot
22 program who currently do not have insurance and whose
23 income does not exceed two hundred and fifty percent of
24 the federal poverty level. The pilot program may coordi-
25 nate payments from enrollees and businesses employing
26 enrollees to be utilized to capture available federal moneys
27 to assist in providing reimbursements to enrollee's health
28 care providers. The pilot program is to coordinate reim-
29 bursements limited to areas not covered by other federal
30 reimbursement programs such as the children's health
31 insurance agency within the department of administration
32 and the federal medicaid program. In no instance may the
33 pilot program allow health care reimbursements to
34 enrollees and to health care providers that limit or other-
35 wise impede the eligibility of the enrollee or the health
36 care provider to be eligible for these or other federal
37 health care cost reimbursement programs.

38 (c) Notwithstanding the provisions of chapter thirty-
39 three of this code, any grant program created and autho-
40 rized pursuant to this section is not to be deemed as
41 providing insurance or as offering insurance services. CAP
42 pilot programs are specifically excluded from the defini-
43 tions of "insurance" pursuant to section one, article one,
44 chapter thirty-three of this code and of the definition of
45 "insurer" as defined in section two of said article are not
46 subject to regulation by the insurance commissioner and
47 are not to be deemed as unauthorized insurers pursuant to
48 section four, article forty-four, of said chapter.

49 (d) The CAP pilot program is authorized to enter into
50 agreements with health care providers to coordinate and
51 otherwise provide services to enrollees. These agreements
52 must be contingent on the health care provider agreeing to
53 provide payment by the CAP pilot program based on
54 available funding to the program for the health care
55 services being provided. If the health care provider
56 decides to no longer accept the pilot program's enrollee's
57 reimbursement, the health care provider must provide, at
58 a minimum, thirty days' notice of discontinuance of
59 providing services and further acceptance of enrollee's
60 payments.

61 (e) The pilot program must provide enrollees and his or
62 her employer with a minimum of thirty days' notice of
63 discontinuance or reduction of enrollee benefits.

64 (f) The pilot program must submit quarterly reports to
65 the legislative oversight commission of health and human
66 resources accountability as established in article twenty-
67 nine-e of this chapter. The report shall include at a
68 minimum, analysis of financial status, numbers of health
69 care provider reimbursements, enrollee services utilized
70 and other information as requested by the commission.

71 (g) The authorization for the creation and existence of a
72 pilot program as established pursuant to this section shall
73 expire on the thirtieth day of June, two thousand four.

The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

[Signature]
.....
Chairman Senate Committee

[Signature]
.....
Chairman House Committee

Originated in the Senate.

In effect from passage.

[Signature]
.....
Clerk of the Senate

[Signature]
.....
Clerk of the House of Delegates

[Signature]
.....
President of the Senate

[Signature]
.....
Speaker House of Delegates

The within *is approved* this the *18th*
Day of *March*, 2002.

[Signature]
.....
Governor

PRESENTED TO THE
GOVERNOR

Date 3/12/02

Time 10:50 am