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2005 APR -4 P 2: 23

CTFICE WEST VIRGINIA SECKETARY OF STATE

WEST VIRGINIA LEGISLATURE

SECOND REGULAR SESSION, 2006

ENROLLED

House Bill No. 4383

(By Delegates Leach, Craig, Morgan and Stephens)

Passed March 9, 2006

In Effect Ninety Days from Passage

FILED

2006 APR -4 P 2: 23

CATTOT WEST VIRGINIA SECRETARY OF STATE

ENROLLED

H. B. 4383

(By Delegates Leach, Craig, Morgan and Stephens)

[Passed March 9, 2006; in effect ninety days from passage.]

AN ACT to amend and reenact §16-29F-1 of the Code of West Virginia, 1931, as amended, relating to continuing the pilot program offered through a Community Access Program to coordinate health care provider reimbursements indefinitely as determined by the insurance commissioner.

Be it enacted by the Legislature of West Virginia:

That §16-29F-1 of the Code of West Virginia, 1931, as amended, be amended and reenacted 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 United States Department of Health and Human
- 2 Services has established a federal grant program to encourage
- 3 innovative integrated health care delivery systems to serve
- 4 uninsured and underinsured persons with greater efficiency and
- 5 improved quality of care and to further maximize reimburse-

- 6 ments to health care providers which provide these services.
- 7 The "Community Access Program" grants as authorized in the
- 8 federal register: February 4, 2000 (volume 65, number 24),
- 9 allow for the establishment of local programs to reorganize and
- 10 reintegrate local health care delivery systems. This section
- authorizes, on a trial basis, the establishment of pilot programs
- 12 in the state which receive a grant under the community access
- 13 program to coordinate health care provider reimbursements, to
- 14 allow an opportunity for innovations in payment for health care
- 15 services to be tested and, if successful, to be permanently
- 16 implemented.
- 17 (b) An entity receiving a community access program grant 18 may initiate a program that comports to the federal grant 19 requirements and meets the requirements of this section. The 20 pilot program may enroll persons to participate in this pilot 21 program who currently do not have insurance and whose 22 income does not exceed two hundred fifty percent of the federal 23 poverty level. The pilot program may coordinate payments 24 from enrollees and businesses employing enrollees to be 25 utilized to capture available federal moneys to assist in provid-26 ing reimbursements to enrollee's health care providers. The 27 pilot program shall coordinate reimbursements limited to areas 28 not covered by other federal reimbursement programs such as 29 the children's health insurance agency within the Department 30 of Administration and the Federal Medicaid Program. In no 31 instance may the pilot program allow health care reimburse-32 ments to enrollees and to health care providers that limit or 33 otherwise impede the eligibility of the enrollee or the health 34 care provider to be eligible for these or other federal health care 35 cost reimbursement programs.
- 36 (c) Notwithstanding the provisions of chapter thirty-three 37 of this code to the contrary, any grant program created and 38 authorized pursuant to this section is not to be considered as 39 providing insurance or as offering insurance services. Commu-

- nity access pilot programs are specifically excluded from the definitions of "insurance" and "insurer" as defined in article one, chapter thirty-three of this code, and except as provided in this section, these programs are not subject to regulation by the insurance commissioner, nor are they unauthorized insurers pursuant to section four, article forty-four of chapter thirty-three of this code.
- 47 (d) The community access pilot program is authorized to 48 enter into agreements with health care providers to coordinate 49 and otherwise provide services to enrollees. These agreements 50 must be contingent on the health care provider agreeing to 51 accept payment from the community access pilot program 52 based on available funding to the program for the health care 53 services being provided. If the health care provider decides to 54 no longer accept the community access pilot program's 55 enrollee's reimbursement, the health care provider must 56 provide, at a minimum, thirty days' notice of discontinuance of 57 providing services and further acceptance of enrollee's pay-58 ments.
- (e) The community access pilot program must provide enrollees and the participating employer with a minimum of thirty days' notice of discontinuance or reduction of enrollee benefits.
- 63 (f) The community access pilot program must submit quarterly reports to the Legislative Oversight Commission of 64 65 Health and Human Resources accountability as established in 66 article twenty-nine-e of this chapter and to the insurance 67 commissioner. The report shall include at a minimum, analysis 68 of the financial status, the number of health care provider 69 reimbursements, enrollee services utilized and other information as requested by the commission and the insurance commissioner. 71

(g) The authorization for the existence of a pilot program as established pursuant to this section expires on the thirtieth day of June, two thousand seven, unless the insurance commissioner continues the authorization for such periods as he or she determines.

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

Chairman Senate Committee

Chairman House Committee

Originating in the House.

In effect ninety days from passage.

Clerk of the Senate

Clerk of the House of Delegates

President of the Senate

Speaker of the House of Delegates

The within 10 apple of this the

day of

2006

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