

WEST VIRGINIA LEGISLATURE

2020 REGULAR SESSION

Introduced

Senate Bill 641

BY SENATOR MARONEY

[Introduced January 28, 2020; referred
to the Committee on Health and Human Resources]

1 A BILL to amend and reenact §5-16B-6d of the Code of West Virginia, 1931, as amended, relating
2 to the requirement that provider reimbursement schedules shall be no lower than the
3 reimbursement provided for the same services under the plans offered in §5-16-1 *et seq.*
4 of said code; and making other technical changes.

Be it enacted by the Legislature of West Virginia:

ARTICLE 16B. WEST VIRGINIA CHILDREN’S HEALTH INSURANCE PROGRAM.

§5-16B-6d. Modified benefit plan implementation.

1 (a) Upon approval by the Centers for Medicare and Medicaid Services, the board shall
2 implement a benefit plan for uninsured children of families with income between 200 and 300
3 percent of the federal poverty level.

4 (b) The benefit plans offered pursuant to this section shall include services determined to
5 be appropriate for children, but may vary from those currently offered by the board.

6 (c) The board shall structure the benefit plans for this expansion to include premiums,
7 coinsurance or copays, and deductibles. The board shall develop the cost-sharing features in
8 such a manner as to keep the program fiscally stable without creating a barrier to enrollment.
9 Such features may include different cost-sharing features within this group based upon the
10 percentage of the federal poverty level.

11 ~~(d) Provider reimbursement schedules shall be no lower than the reimbursement provided~~
12 ~~for the same services under the plans offered in article sixteen of this chapter~~

13 ~~(e)~~ All provisions of §5-16B-1 *et seq.* of this code are applicable to this expansion unless
14 expressly addressed in §5-16B-6d of this code.

15 ~~(f)~~(d) Nothing in §5-16B-6d of this code may be construed to require any appropriation of
16 state general revenue funds for the payment of any benefit provided pursuant to this section,
17 except for the state appropriation used to match the federal financial participation funds. In the
18 event that federal funds are no longer authorized for participation by individuals eligible at income
19 levels above 200 percent, the board shall take immediate steps to terminate the expansion

20 provided for in this section and notify all enrollees of such termination. In the event federal
21 appropriations decrease for the programs created pursuant to Title XXI of the Social Security Act
22 of 1997, the board is directed to make those decreases in this expansion program before making
23 changes to the programs created for those children whose family income is less than 200 percent
24 of the federal poverty level.

25 ~~(g)~~(e) The board is directed to report no less than quarterly to the Legislative Oversight
26 Commission on Health and Human Resources Accountability on the development,
27 implementation, and progress of the expansion authorized in this section.

NOTE: The purpose of this bill is to allow WVCHIP flexibility in rate setting to establish cost savings to assist with the budget shortfall and to move program from fee-for-service to a managed care benefit.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.