

FILED

2004 APR -2 P 4: 59

OFFICE WEST VIRGINIA  
SECRETARY OF STATE

# WEST VIRGINIA LEGISLATURE

SECOND REGULAR SESSION, 2004



# ENROLLED

## House Bill No. 4371

(By Delegates Michael, Craig, Leach,  
Morgan and Perdue)



Passed March 12, 2004

In Effect from Passage

FILED

2004 APR -2 P 5:00

OFFICE WEST VIRGINIA  
SECRETARY OF STATE

## ENROLLED

### H. B. 4371

(BY DELEGATES MICHAEL, CRAIG, LEACH,  
MORGAN AND PERDUE)

---

[Passed March 12, 2004; in effect from passage.]

---

AN ACT to amend and reenact §16-29F-1 of the code of West Virginia, 1931, as amended, relating to extending the pilot program for the uninsured and underinsured from two thousand four to two thousand six.

*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  
11 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 of  
30 administration and the federal medicaid program. In no instance  
31 may the pilot program allow health care reimbursements to  
32 enrollees and to health care providers that limit or otherwise  
33 impede the eligibility of the enrollee or the health care provider  
34 to be eligible for these or other federal health care cost reim-  
35 bursement 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-

40 nity access pilot programs are specifically excluded from the  
41 definitions of “insurance” and “insurer” as defined in article  
42 one, chapter thirty-three of this code, and these programs are  
43 not subject to regulation by the insurance commissioner, nor are  
44 they unauthorized insurers pursuant to section four, article  
45 forty-four of chapter thirty-three of this code.

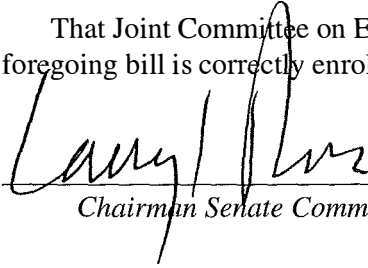
46 (d) The community access pilot program is authorized to  
47 enter into agreements with health care providers to coordinate  
48 and otherwise provide services to enrollees. These agreements  
49 must be contingent on the health care provider agreeing to  
50 accept payment from the community access pilot program  
51 based on available funding to the program for the health care  
52 services being provided. If the health care provider decides to  
53 no longer accept the community access pilot program’s  
54 enrollee’s reimbursement, the health care provider must  
55 provide, at a minimum, thirty days’ notice of discontinuance of  
56 providing services and further acceptance of enrollee’s pay-  
57 ments.

58 (e) The community access pilot program must provide  
59 enrollees and the participating employer with a minimum of  
60 thirty days’ notice of discontinuance or reduction of enrollee  
61 benefits.

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

69 (g) The authorization for the creation and existence of a  
70 pilot program as established pursuant to this section expires on  
71 the thirtieth day of June, two thousand six.

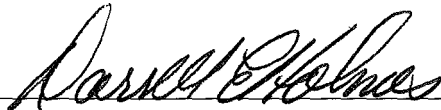
That Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

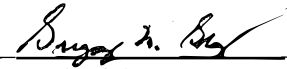
  
Chairman Senate Committee

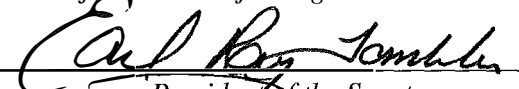
  
Chairman House Committee

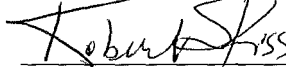
Originating in the House.

In effect from passage.


  
Clerk of the Senate

  
Clerk of the House of Delegates

  
President of the Senate

  
Speaker of the House of Delegates

The within is approved this the 2nd  
day of April, 2004.

  
Governor

PRESENTED TO THE

GOVERNOR

DATE 3.25.04

TIME 3.30 pm