I MINA'TRENTAI DOS NA LIHESLATURAN GUÅHAN 2014 (SECOND) Regular Session

Bill No. 299-32 (con)

Introduced by:

Michael F.Q. San Nicolas 🖞

Aline A. Yamashita, Ph.D. N.

Brant T. McCreadie

V. Anthony Ada

AN ACT TO INCLUDE FOSTER CHILDREN IN THE GOVERNMENT OF GUAM GROUP HEALTH INSURANCE CONTRACT PROSPECTIVELY BY AMENDING §§ 4301 (a) AND (b), §4301.1(a), §4302, AND §4302.2(c), AND BY ADDING A NEW SUBSECTION (h) TO §4301.1, EACH OF ARTICLE 3, CHAPTER 4, TITLE 4, GUAM CODE ANNOTATED.

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BE IT ENACTED BY THE PEOPLE OF GUAM:

- Section 1. Short Title. This Act shall be cited as the "Responsible
- 3 Foster Child Health Insurance Act."
- 4 Section 2. Legislative Findings and Intent. I Liheslaturan Guåhan
- 5 finds that children in foster care may have previously suffered from abuse
- 6 and neglect or have been abandoned and, therefore, have extensive
- 7 physical and mental health needs that require immediate and quality
- 8 medical care.

- 9 *I Liheslatura* finds that the Child Protective Services Division of the
- Department of Public Health and Social Services, as of March 19, 2014, has
- a total of eighty-eight foster children under its legal custody, of which, two

foster children are covered by the Medically Indigent Program and eightysix foster children are covered by Medicaid.

I Liheslatura finds that the amount of health care providers able to provide services to foster children is limited due to restrictions on care by the Medically Indigent Program, and certain private physicians' unwillingness to accept Medicaid as a payor for their services. However, the insurance offered to employees of the government of Guam, retirees, and their survivors allows more healthcare provider options.

I Liheslatura finds that it is more fiscally responsible to cover foster children under the government of Guam health insurance plan due to the increased competition in the government of Guam health insurance pool. By covering foster children under the government of Guam health insurance, excess funding may be used for other client needs.

It is therefore the intent of *I Liheslaturan Guåhan* to improve the access and quality of medical care for foster children. Foster children shall be covered by the government of Guam health insurance plan for employees, retirees, and their survivors by amending Subsection (d) of §4301, Article 3, Chapter 4, Title 4, Guam Code Annotated.

Section 3. Group Insurance. Subsection (a) of §4301, Article 3, Chapter 4, Title 4, Guam Code Annotated is hereby *amended*, to read:

"(a) *I Maga'lahi* (the Governor) is authorized to enter contracts and reject proposals, with the written concurrence of the Speaker of *I Liheslaturan Guåhan* (the Guam Legislature) or the Presiding Judge of

the Superior Court of Guam whose consents may be withheld in their sole discretion, with one (1) or more insurance companies, authorized to do business in Guam, for group insurance, including, but not limited to, hospitalization, medical care, life and accident, for all employees or separate groups of employees and foster children of the government of Guam. If the Legislative or Judicial Branches of government elect to enter into separate contracts for their employees as authorized in § 4301 (c), I Maga'lahi shall obtain the written concurrence of the Branch electing to remain with the Executive Branch before the group insurance contract is entered into or a proposal rejected. The government shall not be construed as an agent of any insurance company in negotiating or administering this group insurance program. Health benefits provided under this authority may be self funded and administered by a third party if it is determined to be cost-effective.

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Section 4 Government of Guam to Cover Full Cost of Insurance for Foster Children. Subsection (b) of §4301, Article 3, Chapter 4, Title 4, Guam Code Annotated is hereby *amended*, to read:

"(b) All participation by employees in such contracts of insurance shall be on a voluntary basis. Effective in the next contract following the enactment of this subparagraph, the government's contribution for health and dental insurance shall be uniform within each class (including separate classes and rates for retired employees

and their survivors) for all competing plans and shall not be less than fifty percent (50%) of the lowest premium for a single employee, except that the government shall increase the contributions it makes on behalf of a retired employee or survivor of a retired employee so that the retired employee or the survivor of a retired employee contributes no more than an active employee who is otherwise in the same class. Notwithstanding any other provision of this Section to the contrary, the government of Guam *shall* cover the full cost of insurance coverage for foster children and such coverage shall require no co-payments nor deductibles for foster children insured pursuant to this Section."

Section 5. Definition of Health Insurance Providers. Subsection (a) §4301.1 of Article 3, Chapter 4, Title 4, Guam Code Annotated is hereby *amended*, to read:

- "(a) 'Health Insurance Providers' *are* all companies or other legal entities providing or applying to provide health insurance or the provision of health care to government employees and retirees and foster children."
- **Section 6. Prescribed Use of Foster Children.** A *new* subsection (h) is hereby added to §4301.1 of Article 3, Chapter 4, Title 4, Guam Code Annotated, to read:

"(h) 'Foster children' shall include only those foster children
under the legal custody of Child Protective Services of the
Department of Public Health and Social Services."

Section 7. Same: Health Insurance or Provision of Health Care. §4302 of Article 3, Chapter 4, Title 4, Guam Code Annotated is hereby amended, to read:

"§ 4302. Same: Health Insurance or Provision of Health Care.

- (a) All companies or other legal entities providing or applying to provide health insurance or the provision of health care to government of Guam employees <u>and foster children</u> shall make their audited financial statements available to the Director of Administration annually. Such records shall be public records.
- (b) The Director of Administration shall, no later than March 1, 1986, promulgate rules and regulations setting forth the other information she/he requires from the companies or legal entities and the method by which such information shall be reported. This information shall be equitably required of each company and shall be submitted no less than ten (10) days before any negotiations or active consideration of proposals commences. Materials submitted in fulfillment of this requirement shall not be considered public records, except for the detailed claims utilization and cost information required by § 4302(g), which shall be provided to current and prospective health insurance carriers as part of the invitation to bid

for coverage to government of Guam employees and retirees and foster children.

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(c) The Government of Guam Health Insurance Negotiating Team shall consist of the Director of Administration, who shall be Chairperson; the Administrator of the Department of Integrated Services for Individuals with Disabilities (DISID), or his or her designee; the Director of the Bureau of Budget and Management Research, or his or her designee; an employee representative from the Judicial Branch to be appointed by the Chief Justice of the Supreme Court of Guam; an employee representative of the Legislative Branch to be appointed by the Speaker of I Liheslaturan Guåhan; the Superintendent of the Department of Education, or his or her designee; the Director of the Government of Guam Retirement Fund, or his or her designee; a retiree who is a member of the Government of Guam Retirement Fund to be appointed by the Board of Trustees of the Government of Guam Retirement Fund; one (1) member of the general public, appointed by I Maga'låhen Guåhan, who is not an employee of the government of Guam, not an employee of a health insurance company, hospital, or medical provider, or not an appointee by the Governor to any government agency, board or commission, and who shall affirm by affidavit that he or she agrees to comply with all provisions in Chapter 15 of Title 4 of the Guam Code Annotated, also known as the Standard of Conduct for Elected

Appointed Officers, and Public Employees of the government of Guam; the Chairperson of the Committee on Health or the successor committee of I Liheslaturan Guåhan, or his or her designee, who shall sit as an ex-officio non-voting member; and the Chairperson of the Committee on Appropriations, or the successor committee of I Liheslaturan Guåhan, or his or her designee, who shall sit as an ex-officio non-voting member. The Negotiating Team shall examine the financial information of the prepaid health insurance companies, health care providers or other legal entities for the purpose of developing the most economical and beneficial health plan for the Government of Guam employees and retirees and foster children. The Negotiating Team may obtain technical support from other financial and health-related agencies. The Negotiating Team shall develop its rules of procedure in accordance with the Administrative Adjudication Law. The Negotiating Team shall develop minimum qualification for proposals to be submitted for health insurance coverage. The Negotiating Team shall also develop a ranking system to rank the proposals. The Negotiating Team with the approval of I Maga'låhi is authorized to contract an actuary competent to develop proposed health insurance rates or other recognized expert to train and/or advise the Negotiating Team. Notwithstanding any other provision of law, each Fiscal Year, the Negotiating Team shall solicit both exclusive and non-exclusive

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proposals from each Health Insurance Provider and enter into negotiations with the top three (3) ranked Health Insurance Providers submitting qualified proposals for health insurance coverage for qualified active employees and qualified retirees <u>and foster children</u> of the government of Guam.

- (1) The Director of the Department of Administration shall plan, and implement prior to discussions for the 2011-2012 Fiscal Year, an expanded competitive Request for Proposal process. The Director shall announce in publications of general circulation in Guam, in top publications nationally and in leading publications internationally, a Request for Proposal from Health Care Insurance Providers for health insurance coverage for qualified active employees and qualified retirees and foster children of the government of Guam.
 - (A) Health Care Insurance Providers that respond and express interest in providing coverage to qualified active employees and retirees shall, if selected, maintain a bona-fide office and operations base in Guam and possess a business privilege license to do business in Guam.
- (2) The negotiating team upon selection and review of the best available proposals by participating healthcare respondents/providers which reflect the most economical and beneficial healthcare insurance proposal plan for Government

of Guam employees and retirees <u>and foster children</u>, shall forward the accepted proposals to *I Maga'lahen Guåhan* for consideration, and to *I Liheslaturan Guåhan* for final approval no later than July 31, and prior to the annual Legislative Sessions wherein the upcoming Fiscal Year Budget for the Government of Guam is before *I Liheslaturan Guåhan* for consideration;

(3) Within one hundred eighty (180) days of this Act, the Director of the Department of Administration shall issue a Request For Proposal from qualified individuals or firms to conduct a feasibility study for a non-profit public healthcare care insurance option for Guam.

The RFP shall call for a plan that provides for a level playing field with current and future private insurers, and the non-profit public healthcare care insurance option which pays for care from individual premiums and copayments not of the General Fund of the Government of Guam.

(d) No health insurance company or health care provider contracted to provide health care to government of Guam employees and foster children may deny coverage to the employee or dependents or foster children on the basis of a congenital anomaly. Congenital anomalies shall be covered, subject to contract negotiations.

(e) Effective October 1, 1986, the contract period for health insurance or provision of health care shall coincide with the fiscal year of the government of Guam. To that end, the contract period proceeding the one for FY'87 may be for less than twelve (12) months.

- (f) All companies, or other legal entities providing or applying to provide health insurance or the provision of health care, shall have contracts for services with all government of Guam entities that are providing health care services to any and all of their subscribers. This requirement shall be met prior to, and as a condition to, the start of negotiations for the government of Guam fiscal year 1999. Any dispute or controversy between contracting parties shall be submitted to arbitration according to the generally accepted local practice.
- (g) All health insurance companies or health care providers contracted to provide health care to government of Guam employees and retirees, to include foster children beginning for the first Fiscal Year following the inclusion of foster children under the government of Guam health insurance contract for employees and retirees pursuant to §4301 of this Article, shall provide to the negotiating team, defined in § 4302(c), and the Office of Finance and Budget, fifteen (15) months of detailed claims utilization and cost information from period October 1 to September 30 of the previous fiscal year, and October 1 to December 31 of the current fiscal year, no later than

March 1 for the final updated data for the previous fiscal year in electronic database file format such as Microsoft Access or Microsoft Excel.

The detailed claims utilization and cost information must total in aggregate all the experience data used to calculate government of Guam insurance rates for the fiscal year following the current fiscal year. Claims incurred but not received calculations shall be reported separately and must be derived from detailed claims utilization and cost information submitted and reviewed and approved by a credentialed actuary from a recognized organization such as the American Academy of Actuaries or Society of Actuaries.

The detailed claims utilization and cost information required under this Subsection shall include only de-identified health information as permitted under the Health Insurance Portability and Accountability Act of 1996 and shall not include any protected health information, as defined in the Health Insurance Portability and Accountability Act of 1996.

Detailed demographic and claims utilization and cost information shall include the following information with a unique contract identifier that links all the following data to the same contract:

(1) Type of contract based on all tiers used in program design (EE, EE + SPOUSE, FAMILY, etc.);

(2) Patient demographics, date of birth, gender, relationship to subscriber;

- (3) Medical, Dental and Vision claims, line detail including Diagnosis code (ICD9 or ICD10), Procedure codes (CPT, HCPC, CDT), Revenue codes, Service dates, Service provider (name, tax id, provider id, specialty code, city, state, zip code), Plan payments, Member payment responsibility (copay, coinsurance, deductible), Claim paid date, Type of bill and Facility type;
- (4) Prescription Drug claims, to include NDC codes, Formulary tier identifier, pharmacy (name, provider id, city, zip code), Plan payments, member payment responsibility (copay, coinsurance, deductible) Claim paid date, Injectable drug indicator, GPI number, ingredient cost, dispensing fee and rebates; and
- (5) Any other detailed demographic and claims utilization and cost information as requested by the negotiation team in the Invitation to Bid (ITB) for the fiscal year following the current Fiscal year.

Failure to comply with requirements of this Section will result in a 2.5% reduction of the quarterly premiums from the non-compliant health insurance carrier. The information shall be provided quarterly. The reduction shall be deducted from the premiums due to

the carrier in the succeeding quarter, if the information is not received within forty-five (45) days of the end of the quarter. The negotiating team defined in § 4302 (c) at their discretion, at any time during the following fiscal year health insurance negotiations, may disqualify proposals from health insurance carriers not in compliance with this Section for their in force contract.

- (h) No health insurance company or health care provider contracted to provide health care to government of Guam employees and foster children may deny coverage to the employee or dependents or foster children on the basis of chronic orthopedic deformities. Chronic orthopedic deformities, which may include orthopedic and external prosthetic devices, including, but not limited to, artificial joints and limbs, will be covered and may be subject to maximum limitations per annum.
- (i) No health insurance company or health care provider contracted to provide health care to government of Guam employees and foster children may deny coverage to the employee or dependents or foster children on the basis of blood or blood derivatives. Blood and blood derivatives will be covered and may be subject to maximum limitations per annum."

Section 8. Government of Guam Self Funded Employee Benefits
Trust Fund Accounts. Subsection (c) of §4302.2, Article 3, Chapter 4, Title
4, Guam Code Annotated is hereby *amended*, to read:

1	"(c) All employer and employee premium payments shall be
2	deposited in the respective Self Funded Health Benefits Plan Trust
3	Fund Account. Any foster children covered by a Self Funded Health
4	Benefits Plan shall be fully paid for by the government of Guam;"
5	Section 9. Effective Date. This Act shall be effective prospectively
6	starting with the next open enrollment period and the foster children under
7	legal custody of Child Protective Services of the Department of Public
8	Health and Social Services shall be included in the risk pool for the next
9	health insurance contract negotiated by the Government of Guam Health
10	Insurance Negotiating Team pursuant to 4 GCA §4302.