ENROLLMENT(S)



(5)

COUNCIL OF THE DISTRICT OF COLUMBIA

NOTICE

D.C. LAW 10-131

"Medicaid Benefits Protection Temporary Act of 1994".

Pursuant to Section 412 of the District of Columbia Self-Government and Governmental Reorganization Act, P. L. 93-198 "the Act", the Council of the District of Columbia adopted Bill No. 10-583 on first and second readings, March 1, 1994, and April 12, 1994, respectively. Following the signature of the Mayor on April 28 1994, this legislation was assigned Act No. 10-230, and published in the May 13, 1994, edition of the <u>D.C. Register</u> (Vol.41 page 2587) and transmitted to Congress on May 5, 1994 for a 30-day review, in accordance with Section 602(c)(1) of the Act.

The Council of the District of Columbia hereby gives notice that the 30-day Congressional Review Period has expired, and therefore, cites this enactment as D.C. Law 10-131, effective June 28, 1994.

DAVID A. CLARKE Chairman of the Council

Chairman of the Council

Dates Counted During the 30-day Congressional Review Period:

May 5,6,9,10,11,12,13,16,17,18,19,20,23,24,25,26

June 8,9,10,13,14,15,16,17,20,21,22,23,24,27

Enrolled Original

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AN ACT

District of Columbia Code

Land Control

1994

Supplement)

D.C. ACT 10-230

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

APRIL 28, 1994

To bring the District of Columbia Medicaid program into compliance, on a temporary basis, with new federal requirements imposed by the Omnibus Budget Reconcilation Act of 1993.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Medicaid Benefits Protection Temporary Act of 1994".

Note, Section 3-701

Sec. 2. Insurer obligations.

- (a) No insurer may deny coverage or withhold payments under its plan for any enrollee, subscriber, policyholder, or certificateholder on the basis that such enrollee, subscriber, policyholder, or certificateholder is eligible for Medicaid pursuant to a Medicaid state plan adopted by the District of Columbia or any other jurisdiction pursuant to section 1902 of the Social Security Act, approved January 2, 1968 (79 Stat. 344; 42 U.S.C. 1396a).
- (b) No insurer may deny enrollment of a child under the health plan of the child's parent on the grounds that:
 - (1) The child was born out of wedlock;
- (2) The child is not claimed as a dependent on the parent's Federal income tax return; or
- (3) The child does not reside with the parent or in the insurer's service area.
- (c) Where a child has health coverage through an insurer of a noncustodial parent, the insurer shall:
- (1) Provide such information to the custodial parent as may be necessary for the child to obtain benefits through such coverage;
- (2) Permit the custodial parent (or the provider, with the custodial parent's approval) to submit claims for covered services without the approval of the noncustodial parent; and
- (3) Make payments on claims submitted in accordance with paragraph (2) of this subsection directly to the custodial parent, the provider, or the District of Columbia Medicaid agency.
- (d) Where a parent is required by a court or administrative order to provide health coverage for a child, and the parent is eligible for family health coverage, the insurer shall:
- (1) Permit the parent to enroll, under the family coverage, a child who is otherwise eligible for the coverage without regard to any enrollment season restrictions;

- (2) Enroll the child under family coverage upon application by the child's other parent, or by the District of Columbia agency administering either the Medicaid program or the child support enforcement program pursuant to Title IV-D of the Social Security Act, approved January 4, 1975 (88 Stat. 2351; 42 U.S.C. 652 through 669), if the employed parent is enrolled but fails to make application to obtain coverage of the child; and
- (3) Not disenroll (or eliminate coverage of) the child unless the insurer is provided satisfactory written evidence that:
- (A) The court or administrative order is no longer in effect; or
- (B) The child is or will be enrolled in comparable health coverage through another insurer which will take effect not later than the effective date of disenrollment.
- (e) An insurer may not impose requirements on a District of Columbia agency, which has been assigned the rights of an individual eligible for medical assistance under Medicaid and covered for health benefits from the insurer, that are different from requirements applicable to an agent or assignee of any other individual so covered.
- (f) For purposes of this section, the term "insurer" includes a group health plan, as defined in section 607(1) of the Employee Retirement Income Security Act of 1974 (100 Stat. 231; 29 U.S.C. 1167(1)), a public or private organization which is a qualifying health maintenance organization under federal regulations, or a hospital and medical service plan as defined in section 2 of the Life and Health Insurance Guaranty Association Act of 1992, effective July 22, 1992 (D.C. Law 9-129; D.C. Code § 35-1941(8)).
 - Sec. 3. Employer obligations.

Where a parent is required by a court or an administrative order to provide health coverage, which is available through the parent's employer, the employer shall:

- (1) Permit the parent to enroll under family coverage any child who is otherwise eligible for coverage without regard to any enrollment restrictions;
- (2) Enroll the child under family coverage upon application by the child's other parent, or by the District of Columbia agency administering either the Medicaid program or the child support enforcement program pursuant to Title IV-D of the Social Security Act, approved January 4, 1975 (88 Stat. 2351; 42 U.S.C. 651 through 669), if the parent is enrolled but fails to make application to obtain coverage of the child;
- (3) Not disenroll or eliminate coverage of any such child unless the employer is provided satisfactory written evidence that:
 - (A) The court order is no longer in effect;
- (B) The child is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment; or
- (C) The employer has eliminated family health coverage for all its employees; and
- (4) Withhold from the employee's compensation the employee's share (if any) of premiums for health coverage and pay this amount to the insurer, except that the maximum amount so withheld may not exceed

the maximum amount to be withheld under section 303(b) of the Consumer Credit Protection Act, approved May 29, 1988 (82 Stat. 163; 15 U.S.C. 1673(b)).

- Sec. 4. Recoupment of amounts spent on child medical care.
- (a) The Mayor may garnish wages, salary, or other employment income of, and intercept, in accordance with procedures set forth in section 2 of the Project Set-Off Liability Act of 1982, effective September 18, 1982 (D.C. Law 4-154; D.C. Code § 47-1812.11), any amounts from District of Columbia tax payable to, any person who:
- (1) Is required by court or administrative order to provide coverage of the cost of health services to a child who is eligible for Medicaid; and
- (2) Has received payment from a third party for the costs of such services, but has not used the payments to reimburse either the other parent or guardian of the child or the provider of the services.
- (b) A garnishment or tax intercept effectuated pursuant to subsection (a) of this section shall be effected only to the extent necessary to reimburse the District of Columbia Medicaid agency for its cost under the state plan, but claims for current and past due child support shall take priority over these claims.

Sec. 5. Effective date.

- (a) This act shall take effect after a 30-day period of Congressional review following approval by the Mayor (or in the event of veto by the Mayor, action by the Council of the District of Columbia to override the veto) as provided in section 602(c)(1) of the District of Columbia Self-Government and Governmental Reorganization Act, approved December 24, 1973 (87 Stat. 813; D.C. Code § 1-233(c)(1)), and publication in either the District of Columbia Register, the District of Columbia Statutes-at-Large, or the District of Columbia Municipal Regulations.
- (b) This act shall expire on the 225th day of its having taken effect or upon the effective date of the Medicaid Benefits Protection Act of 1994, whichever occurs first.

Chairman

Council of the District of Columbia

Mayor

District of Columbia

APPROVED: April 28, 1994



COUNCIL OF THE DISTRICT OF COLUMBIA

Council Period Ten

RECORD OF OFFICIAL COUNCIL VOTE

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