

WEST VIRGINIA LEGISLATURE

2025 REGULAR SESSION

Introduced

House Bill Number

BY ENTER SPONSORS HERE

[Introduced ; referred

to the Committee on]

1 A BILL to amend and reenact §5-16-5 of the Code of West Virginia, 1931, as amended, relating
2 to setting the rate the Public Employees Insurance Agency shall pay for services.

Be it enacted by the Legislature of West Virginia:

§5-16-5. Powers and duties of the finance board.

1 (a) The purpose of the finance board is to bring fiscal stability to the Public Employees
2 Insurance Agency through development of annual financial plans and long-range plans designed
3 to meet the agency's estimated total financial requirements, taking into account all revenues
4 projected to be made available to the agency and apportioning necessary costs equitably among
5 participating employers, employees, and retired employees and providers of health care services.

6 (b) The finance board shall retain the services of an impartial, professional actuary, with
7 demonstrated experience in analysis of large group health insurance plans, to estimate the total
8 financial requirements of the Public Employees Insurance Agency for each fiscal year and to
9 review and render written professional opinions as to financial plans proposed by the finance
10 board. The actuary shall also assist in the development of alternative financing options and
11 perform any other services requested by the finance board or the director. All reasonable fees
12 and expenses for actuarial services shall be paid by the Public Employees Insurance Agency.
13 Any financial plan or modifications to a financial plan approved or proposed by the finance board
14 shall be submitted to and reviewed by the actuary and may not be finally approved and submitted
15 to the Governor and to the Legislature without the actuary's written professional opinion that the
16 plan may be reasonably expected to generate sufficient revenues to meet all estimated program
17 and administrative costs of the agency, including incurred but unreported claims, for the fiscal
18 year for which the plan is proposed.

19 (c) All financial plans shall establish:

20 (1) The ~~minimum~~ level of reimbursement at 110 percent of the Medicare amount for all
21 providers: *Provided*, That the plan shall reimburse a West Virginia hospital that provides inpatient
22 medical care to a beneficiary, covered by the state and non-state plans, at a ~~minimum~~ rate of 110

23 percent of the Medicare diagnosis-related group rate for the admission, or the Medicare per diem,
24 per day rate applicable to a critical access hospital, as appropriate: *Provided, however*, That the
25 rates established pursuant to this subdivision do not apply to any Medicare primary retiree health
26 plan.

27 (2) Any necessary cost-containment measures for implementation by the director;

28 (3) The levels of premium costs to participating employers; and

29 (4) The types and levels of cost to participating employees and retired employees.

30 The financial plans may provide for different levels of costs based on the insureds' ability
31 to pay. The finance board may establish different levels of costs to retired employees based upon
32 length of employment with a participating employer, ability to pay, or other relevant factors. The
33 financial plans may also include optional alternative benefit plans with alternative types and levels
34 of cost. The finance board may develop policies which encourage the use of West Virginia health
35 care providers.

36 In addition, the finance board may allocate a portion of the premium costs charged to
37 participating employers to subsidize the cost of coverage for participating retired employees, on
38 such terms as the finance board determines are equitable and financially responsible.

39 (d)(1) The finance board shall prepare an annual financial plan for each fiscal year. The
40 finance board chairman shall request the actuary to estimate the total financial requirements of
41 the Public Employees Insurance Agency for the fiscal year.

42 (2) The finance board shall prepare a proposed financial plan designed to generate
43 revenues sufficient to meet all estimated program and administrative costs of the Public
44 Employees Insurance Agency for the fiscal year. The proposed financial plan shall allow for no
45 more than 30 days of accounts payable to be carried over into the next fiscal year. Before final
46 adoption of the proposed financial plan, the finance board shall request the actuary to review the
47 plan and to render a written professional opinion stating whether the plan will generate sufficient
48 revenues to meet all estimated program and administrative costs of the Public Employees

49 Insurance Agency for the fiscal year. The actuary's report shall explain the basis of its opinion. If
50 the actuary concludes that the proposed financial plan will not generate sufficient revenues to
51 meet all anticipated costs, then the finance board shall make necessary modifications to the
52 proposed plan to ensure that all actuarially determined financial requirements of the agency will
53 be met.

54 (3) Upon obtaining the actuary's opinion, the finance board shall conduct at least two
55 public hearings in each congressional district to receive public comment on the proposed financial
56 plan, shall review the comments, and shall finalize and approve the financial plan.

57 (4) For each fiscal year, the Governor shall provide his or her estimate of total revenues
58 to the finance board no later than October 15 of the preceding fiscal year: *Provided*, That for the
59 prospective financial plans required by this section, the Governor shall estimate the revenues
60 available for each fiscal year of the plans based on the estimated percentage of growth in general
61 fund revenues: *Provided, however*, That the director and finance board may only use revenue
62 estimates from the Governor as necessary to maintain an actuarially recommended reserve fund
63 and to maintain premium cost-sharing percentages as required in this article: *Provided, further*,
64 That the director and finance board may not incorporate revenue sources into the finance board
65 plan beyond the premium cost-sharing percentages as required in this article. The director shall
66 provide the number of covered lives for the current fiscal year and a five-year analysis of the costs
67 for covering paid claims to the finance board no later than October 15 of the preceding year. The
68 finance board shall submit its final approved financial plan after obtaining the necessary actuary's
69 opinion, which opinion shall include, but not be limited to, the aggregate premium cost-sharing
70 percentages between employers and employees, including the amounts of any subsidization of
71 retired employee benefits, at a level of 80 percent for the employer and 20 percent for employees,
72 to the Governor and to the Legislature no later than January 1 preceding the fiscal year. The
73 financial plan for a fiscal year becomes effective and shall be implemented by the director on July
74 1 of the fiscal year. In addition to each final approved financial plan required under this section,

75 the finance board shall also simultaneously submit financial statements based on generally
76 accepted accounting practices (GAAP) and the final approved plan restated on an accrual basis
77 of accounting, which shall include allowances for incurred but not reported claims. The financial
78 statements and the accrual-based financial plan restatement shall not affect the approved
79 financial plan.

80 (e) The provisions of §29A-1-1 et seq. of this code shall not apply to the preparation,
81 approval and implementation of the financial plans required by this section.

82 (f) By January 1 of each year, the finance board shall submit to the Governor and the
83 Legislature a prospective financial plan for a period not to exceed five years for the programs
84 provided in this article. Factors the board shall consider include, but are not limited to, the trends
85 for the program and the industry; the medical rate of inflation; utilization patterns; cost of services;
86 and specific information such as average age of employee population, active to retiree ratios, the
87 service delivery system, and health status of the population.

88 (g) The prospective financial plans shall be based on the estimated revenues submitted
89 in accordance §5-16-5(d)(4) of this code and shall include an average of the projected cost-
90 sharing percentages of premiums and an average of the projected deductibles and copays for the
91 various programs. Each plan year, the aggregate premium cost-sharing percentages between
92 employers and employees, including the amounts of any subsidization of retired employee
93 benefits, shall be at a level of 80 percent for the employer and 20 percent for employees, except
94 for the employers provided in §5-16-18(d) of this code whose premium cost-sharing percentages
95 shall be governed by that subsection. After the submission of the initial prospective plan, the board
96 may not increase costs to the participating employers or change the average of the premiums,
97 deductibles, and copays for employees, except in the event of a true emergency. If the board
98 invokes the emergency provisions, the cost shall be borne between the employers and employees
99 in proportion to the cost-sharing ratio for that plan year. For purposes of this section, "emergency"
100 means that the most recent projections demonstrate that plan expenses will exceed plan

101 revenues by more than one percent in any plan year. The aggregate premium cost-sharing
102 percentages between employers and employees, including the amounts of any subsidization of
103 retired employee benefits, may be offset, in part, by a legislative appropriation for that purpose.

104 (h) The finance board shall meet on at least a quarterly basis to review implementation of
105 its current financial plan in light of the actual experience of the Public Employees Insurance
106 Agency. The board shall review actual costs incurred, any revised cost estimates provided by the
107 actuary, expenditures, and any other factors affecting the fiscal stability of the plan, and may make
108 any additional modifications to the plan necessary to ensure that the total financial requirements
109 of the agency for the current fiscal year are met. The finance board may not increase the types
110 and levels of cost to employees during its quarterly review except in the event of a true
111 emergency.

112 (i) For any fiscal year in which legislative appropriations differ from the Governor's
113 estimate of general and special revenues available to the agency, the finance board shall, within
114 30 days after passage of the budget bill, make any modifications to the plan necessary to ensure
115 that the total financial requirements of the agency for the current fiscal year are met.

116 (j) In the event the revenues in a given year exceed the expenses, the amount of revenues
117 in excess of the expenses shall be retained by the Public Employees Insurance Agency to offset
118 future premium increases.

NOTE: The purpose of this bill is to establish that the Public Employees Insurance Agency shall 110% of the Medicare rate for services.

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