



PREPROPOSAL STATEMENT OF INQUIRY

CR-101 (June 2004)
(Implements RCW 34.05.310)
Do **NOT** use for expedited rule making

Agency: Health Care Authority (HCA), Public Employees Benefits Board (PEBB) Admin # 2015-01

Subject of possible rule making: Enrollment, eligibility, and appeal rules in Chapters 182-08, 182-12, and 182-16 WAC.

Statutes authorizing the agency to adopt rules on this subject: RCW 41.05.021, 41.05.160

Reasons why rules on this subject may be needed and what they might accomplish:
See attachment

Identify other federal and state agencies that regulate this subject and the process coordinating the rule with these agencies:
N/A

Process for developing new rule (check all that apply):

- Negotiated rule making
- Pilot rule making
- Agency study
- Other (describe)

HCA welcomes the public to take part in developing this rule. If interested, contact the person identified below to receive an early rule draft to review. After the early review, HCA will send a notice of proposed rulemaking (CR-102) to everyone receiving this notice and anyone who requests a copy.

How interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication:

Individuals wishing to receive PEBB rule making notices are encouraged to join the PEBB-RULE-MAKING-NOTICE listserv available by following this path <http://listserv.wa.gov/archives/pebb-rule-making-notice.html> or by logging on to listserv.wa.gov and selecting our LISTSERV from the Public E-mail List. If you have questions about this rulemaking, contact Barbara Scott at (360) 725-0830 or Rob Parkman at (360) 725-0883 or at the address below.

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DATE
May 4, 2015

NAME (TYPE OR PRINT)
Jason R.P. Crabbe

SIGNATURE

TITLE
HCA Rules Coordinator

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: May 04, 2015
TIME: 1:10 PM

WSR 15-10-080

Reasons why rules on this subject may be needed and what they might accomplish:

1. The HCA will consider amendments and new rules to implement the following:
 - Clarify whether blind vendors have a 60 day notification requirement after a loss of group health or health insurance under HIPAA.
 - Clarify what “employer-based group medical insurance”, “pay status”, and “employee” means.
 - Clarify that new employees must either "enroll or waive" coverage within 31 days of eligibility.
 - Clarify within WAC 182-12-205 what conditions a retiring employee must meet in order to defer coverage, the timeline to defer retiree health plan coverage for both new and existing retirees, and when coverage ends for retiring employees who are deferring coverage.
 - Clarify termination for non-payment within WAC 182-12-270, termination dates on self-pay accounts within WAC 182-12-146 and WAC 182-12-148, and add termination language for retiree insurance self-pay accounts within WAC 182-12-208.
 - Amend the definition of “PEBB program” to remove the reference to “disabled employees”.
 - Amending WAC 182-12-171 to account for retiring employee issues.
 - Clarify within WAC 182-12-123 the notification process between employers who employ the same employee and need to change who is paying the employer contribution.
 - Clarify the term "appointed officials" in WAC 182-12-114.
 - Amend WAC 182-12-131 to ensure coverage of RCW 41.05.065(4)(c)(i) and to ensure references to WAC 182-12-114 are correct.
 - Clarify within WAC 182-08-235 that the employer group actuarial evaluation will be conducted by a PEBB Program designated actuary.
 - Clarify within WAC 182-16-073 what the PEBB Program’s rescheduling and continuance processes are.
 - Amend WAC 182-08-245(1)(e) to replace the words “health plans” with “insurance coverages”.
 - Amend WAC 182-08-240 to include a timeframe, for all group sizes, on how long an employer group evaluation is valid and that like populations will be evaluated against each other during the application process.
 - Amend WAC 182-08-185 to account for surcharge changes and issues.
 - Amend WAC 182-12-260(3) so it says that coverage for children ends on the last day of the month in which they turn 26 years old.
 - Amend WAC 182-08-187 to account for additional error correction issues that have been identified.
 - Amend WAC 182-08-196 to address unintended gaps in coverage.
 - Amend WAC 182-12-211 to include the ability to “defer” and that the references to WAC 182-12-171 are correct.
 - Clarify within WAC 182-12-262(2)(c) when coverage ends for dependents.

- Amend WAC 182-12-133 and WAC 182-12-146 to include deadlines for COBRA / LWOP continuation coverage that mirror those requirements for COBRA.
- Amend WAC 182-12-207 to add specific language regarding termination for non-payment.
- Amend WAC 182-12-200 to integrate provisions of Policy 21-1 that deal with retiree deferral form exemptions.
- Amend WAC 182-16-036(1) so that it also includes eligibility for benefits and add the process flow for FSA appeals.
- Amend WAC 182-16-040 to determine what must be included versus what may be included in a notice of appeal.
- Amend WAC 182-12-260 to state the PEBB Program requires dependent verification documents.
- Amend WAC 182-16-062 to limit the HCA director's delegated powers to the Office of Administrative Hearings.
- Amend WAC 182-12-263 to remove "court orders".
- Amending WAC 182-08-199(3)(c)(vi) to update the IRS references.
- Amending WAC 182-12-123 to clarify that eligibility as an employee supersedes eligibility as a dependent in most situations.

2. HCA will conduct a full review of PEBB Program rules in these chapters and make changes as necessary to provide technical corrections, implement legislation, implement PEB Board policy, implement an Accountable Care Program, and to comply with federal or state regulations.