

Title: Continuation Coverage Reinstatement for Subscribers with Mental or Physical Impairment or Incapacitation

SEBB Program Administrative Policy 56-1

Contact:	Policy and Rules Coordinator, ERB Division	Effective:	January 1, 2024
Associated RCW:	Ch. 43.06 RCW	Owner:	Policy, Rules, & Compliance Manager, ERB Division
Associated SEB Board Policy Resolutions:		Approved by:	<i>D L Z Liu</i>
Associated WAC:	182-30-040 182-32-2030	Position:	Director of the SEBB Program
Assoc. fed law/reg:	26 U.S. Code § 7508A 42 U.S.C. §§ 5121-5207 50 U.S.C. § 1601 et seq 44 C.F.R. Part §206, Subpart B	Date approved:	September 5, 2023
Associated Forms & Communication			

Purpose:

This policy applies whenever a subscriber (or another party acting on behalf of the subscriber) requests reinstatement of continuation coverage due to non-payment of premiums, or applicable premium surcharges, for reason of mental or physical impairment or incapacitation; when a state of emergency is declared by the Governor of Washington State, as described in chapter 43.06 RCW, or when a federal emergency is declared under 44 C.F.R. Part §206, Subpart B, the Internal Revenue Service (IRS) recognizes the emergency for purposes of delaying deadlines, and the emergency prevents a subscriber from making a timely payment.

This policy establishes the methodology that the School Employees Benefits Board (SEBB) Program will use to make a determination of mental or physical impairment or incapacitation for the purpose of reinstatement of coverage terminated due to non-payment of premiums, or applicable premium surcharges. The policy also establishes the methodology the SEBB Program will use to make a determination when a state of emergency is declared by the Governor of Washington State, as described in chapter 43.06 RCW, or when a federal emergency is declared under 44 C.F.R. Part §206, Subpart B, the IRS recognizes the emergency for purposes of delaying deadlines, and the emergency prevents a subscriber from making a timely payment.

This policy provides timing requirements for requesting reinstatement due to non-payment of premiums, or applicable premium surcharges, for reason of mental or physical impairment or incapacity; when a state of emergency is declared by the Governor of Washington State, as described in chapter 43.06 RCW, or when a federal emergency is declared under 44 C.F.R. Part §206, Subpart B, the IRS recognizes the

emergency for purposes of delaying deadlines, and the emergency causes a subscriber to be unable to make premium payments and applicable premium surcharges.

Policy:

1. Reinstatement Eligibility: The subscriber, and anyone who is permitted to pay premiums on behalf of the subscriber (i.e., spouse, state registered domestic partner, dependent, legal representative, hospital administration, etc.), may request reinstatement of continuation coverage.
2. The determination of eligibility for reinstatement is made as follows:
 - a. A determination of the subscriber's mental or physical impairment or incapacitation that prevents the subscriber from making the premium payments and applicable premium surcharges shall be made by the subscriber's physician. A written note from the subscriber's physician will be sufficient proof of the subscriber's impairment or incapacitation if it includes the following information:
 - i. The condition that renders or rendered the subscriber mentally or physically impaired or incapacitated; and
 - ii. The date that the subscriber's mental or physical impairment or incapacitation began, and if it has ended, the date the period of impairment or incapacitation ended.
 - b. A state of an emergency is declared by the Governor of Washington State, as described in chapter 43.06 RCW, or a federal emergency is declared under 44 C.F.R. Part §206, Subpart B, the IRS recognizes the emergency for purposes of delaying deadlines, and emergency prevents a subscriber from making a timely payment:
 - i. A statement from the subscriber that they have been impacted by an emergency declared by the Governor of Washington State or due to a federal emergency and supporting documents that show the impact and explain why the subscriber's coverage was terminated.
 - ii. If the emergency caused the subscriber to be mentally or physically incapacitated the subscriber must meet the requirements in section 2 (a).
3. If the subscriber, or a party acting on behalf of the subscriber, is not able to provide a note from the subscriber's physician, the Health Care Authority's (HCA) Clinical Quality and Care Transformation (CQCT) Division will make a determination of impairment or incapacitation based upon supporting documents submitted on behalf of the subscriber. The supporting documents must clearly state the condition that renders or rendered the subscriber mentally or physical impaired or incapacitated, and the date the impairment or incapacitation began and if the impairment or incapacitation has ended, the date it ended.
4. A request for reinstatement must be made in writing and received by the SEBB Program no later than 120 days after the date on the termination letter sent by the HCA. A written note from the subscriber's physician as described in section 2 above, or supporting documentation as described in section 3 must be submitted with the reinstatement request.

Note: If the subscriber's legal representative or guardian, who is already on file with the HCA, is also mentally or physically impaired or incapacitated, the tolled election period will begin to run on the date the legal representative or guardian reestablishes coherence or capability, or the date a new legal representative or guardian is established.

5. If the request for reinstatement is approved, coverage will be reinstated retroactive to the date of termination for non-payment of premiums, or applicable premium surcharges, and is contingent upon the subscriber or another party acting on behalf of the subscriber

making the payment of any unpaid premiums and unpaid applicable premium surcharges.

6. If the request for reinstatement is denied, the subscriber's coverage will remain terminated. The subscriber or another party acting on behalf of the subscriber may appeal the denial to the SEBB Appeals Unit by following the process described in WAC 182-32-2030.