RESCINDED effective 11:59 PM 12/31/18 rescinded by [signature] date: 11/29/18

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

Policy 56-1

Contact:	Rules Specialist, ERB Division	**Effective:**	January 1, 2018
		Rescinded:	
Associated RCW:		**Supersedes:**	
Associated WAC:	182-08-180		
Assoc. fed law/reg:		**Owner:**	Policy & Rules Manager, ERB Division
Associated Procedures:			
Associated Forms & Communication		**Approved by:**	[signature] Acting ERB Director
		Position:	ERB Division Director
		Date approved:	12/1/2017

Purpose:

This policy applies whenever a subscriber (or another party on behalf of the subscriber) requests reinstatement of continuation coverage or retiree insurance coverage due to non-payment of premiums, or any applicable premium surcharges, for reason of mental impairment or physical incapacitation.

This policy establishes the methodology that the PEBB Program will use to make a determination of mental impairment or physical incapacitation.

This policy provides timing requirements for requesting reinstatement due to non-payment of premiums, or any applicable premium surcharges, for reason of mental impairment or physical incapacity.

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 or retiree insurance coverage due to the mental impairment or physical incapacitation of the subscriber.

2. Determination of the subscriber's mental impairment or physical incapacitation 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 the subscriber's physician cannot establish the subscriber's impairment or incapacitation, then the Health Care Authority's (HCA) Clinical Quality and Care Transformation Division (CQCT) 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

Care Authority's (HCA) Clinical Quality and Care Transformation Division (CQCT) 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 medical condition or physical incapacitation that has prevented the subscriber from paying premiums or any applicable premium surcharges.

3. Requests for reinstatement due to the mental impairment or physical incapacity of the subscriber must be made within 120 days of the date that the termination letter was sent by the HCA.

4. If the request for reinstatement is approved, coverage will be reinstated retroactive to the date of termination for non-payment of premiums, or any applicable premium surcharges, and is contingent upon payment of any unpaid premiums and any unpaid applicable premium surcharges.