



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 # 2016-01

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, RCW 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 rulemaking 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, 2016

NAME (TYPE OR PRINT)

Wendy Barcus

SIGNATURE

TITLE
HCA Rules Coordinator

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: May 04, 2016

TIME: 8:40 AM

WSR 16-10-097

Attachment to CR101

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

1. The Health Care Authority (HCA) will consider amendments and new rules to implement the following:
 - Define the term “retiree.”
 - Amend WAC 182-08-180 to specifically state that failure to pay premiums will result in termination of PEBB benefits.
 - Amend WAC 182-08-197 to state that elections not submitted in a timely manner will result in default elections; evaluate the need to add clarity to describe when optional life and long-term disability insurance begins for an employee who regains eligibility, and consider changing the number of days for an employee to submit a life insurance form from 60 to 31 days.
 - Amend WAC 182-08-199 (3 (a) (xi) to state “or enrolls in or terminates enrollment in a Medicare Part D plan.”
 - Amend WAC 182-08-220 (1) (c) to replace the word “employees” with the word “members.”
 - Amend rules in chapters 182-08 WAC and 182-12 WAC to more clearly distinguish school districts and educational service districts from all the other employer groups that may contract with the PEBB program. Clarify that applications submitted by employer groups must clearly identify all bargaining units within their organization and which bargaining units are applying for PEBB benefits. Clarify when enrollment will begin following approval of an application.
 - Clarify within WAC 182-08-237 whether a local government or tribal government must make the decision to include or not include existing retirees at the time the entity submits an application for the bargaining unit to participate in PEBB benefits or if the request can be submitted after the bargaining unit has been accepted for participation.
 - Amend WAC 182-08-240 to incorporate criteria used by the PEBB program to evaluate an employer group’s request to have eligibility criteria which differ from the eligibility in chapter 182-12 WAC for state employees, and to further clarify what data is used to evaluate employer group applications.
 - Review WAC 182-12-131 (3) to ensure that the references to WAC 182-12-114 are clear.
 - Amend WAC 182-12-133 (2) to say employees may continue medical, dental, or both for the remaining months allowed under COBRA.
 - Amend WAC 182-12-146 and WAC 182-12-148 to state that premiums must be paid or coverage will be terminated.
 - Amend chapters 182-08, 12, 16 WAC to clarify the meaning of employer-paid coverage versus employer-based coverage.
 - Amend references to RCW 41.05.011, to include medical only employer groups in which an employee has waived PEBB program medical coverage.

- Clarify within WAC 182-12-205 at what times a retiree is required to defer enrollment in a PEBB health plan.
- Amend chapters 182-08 WAC and 182-12 WAC to address under payment of premiums.
- Amend WAC 182-12-260 (3) to say “Children are eligible through the last day of the month in which their twenty-sixth birthday occurred.”
- Amend WAC 182-16-010 to state that the definitions within WAC 182-16-020 apply throughout this chapter.
- Amend WAC 182-16-020 to add new definitions for “Appellant”, “Filing”, and “Service” and to amend definitions for “PEBB program”, “Denial or denial notice”, “Documents”, and “Hearing.”
- Amend all sections within chapter 182-16 WAC to account for the new and amended definitions contained within WAC 182-16-020.
- Clarify within WAC 182-16-050 (2) that a written request must be received within 30 calendar days after the date of the written decision letter from the PEBB appeals committee.
- Amend WAC 182-16-052 so that an appellant may act on their own behalf or have someone else represent them.
- Clarify within WAC 182-16-061 (3) that a petition request can also be denied.
- Add new sections to chapter 182-16 WAC regarding how to serve documents and the use of subpoenas within the appeals process.
- Clarify within WAC 182-16-071 that a presiding officer’s office must serve notice 21 calendar days before a hearing, not 14 calendar days.
- Clarify within WAC 182-16-081 (4) (d) that a schedule will be established for: the exchange and filing of briefs, providing a proposed witnesses list, and providing exhibit lists prior to the hearing.
- Amend WAC 182-16-105 (1) to include a timeline when a reconsideration request may be made to the presiding officer.
- Create a definition of “season” to be used to determine eligibility for seasonal employees.
- Global change across chapters 182-08, 12, 16 WAC to incorporate the correct use of "PEBB insurance coverage" vs "insurance coverage."
- Global change across chapters 182-08, 12, 16 WAC to incorporate the correct use of "employer" as used in RCW 41.05.011.
- Amend WAC 182-12-205 to require a request to terminate coverage to be made in writing and to allow coverage to be terminate the last day of the previous month if a written request to voluntary terminate coverage is received on the first day of the month.
- Global change across chapters 182-08, 12, 16 WAC to include “and regulations” along with every reference to Internal Revenue Code (IRC).

- Amend WAC 182-12-114 so that employee's eligibility for benefits is in alignment with RCW 41.05.065.
 - Amending the special open enrollment provision for a "change in employment status" to add clarity.
 - Clarify within chapter 182-12 WAC that dependents of a retiree must be enrolled in the same medical and dental plan coverage as the retiree or survivor subscriber.
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.