CODE REVISER USE ONLY

## **PROPOSED RULE MAKING**



## CR-102 (August 2017) (Implements RCW 34.05.320)

Do NOT use for expedited rule making

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: October 29, 2018 TIME: 1:44 PM

WSR 18-22-032

Agency: Health Care Authority (HCA) Employees and Retirees Benefits Division Admin #2018-02						
⊠ Original Notice						
Supplemental Notice to WSR						
Continuance of WSR						
☑ Preproposal Statement of Inquiry was filed as WSR <u>18-17-034</u> ; or						
□ Expedited Rule MakingProposed notice was filed as WSR; or						
□ Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).						
□ Proposal is exempt under RCW						
<b>Title of rule and other identifying information:</b> (describe subject) WAC 182-13-010 Purpose WAC 182-13-020 Definitions WAC 182-13-030 Eligibility WAC 182-13-040 Application for Medicare supplemental coverage						
Hearing location(s):						
Date:	Time:	Location: (be specific)	Comment:			
December 11, 2018	10:00 AM	Health Care Authority Cherry Street Plaza Building <b>Sue Crystal Conf Rm 106A</b> 626 - 8 <sup>th</sup> Avenue Olympia, WA 98504	Metered public parking is available street side around building. A map is available at: https://www.hca.wa.gov/assets/program/Drivingparking -checkin-instructions.pdf or directions can be obtained by calling: (360) 725-1000			
Date of intended adop	otion: <u>No so</u>	oner than December 12, 2018 (No	te: This is <b>NOT</b> the <b>effective</b> date)			
Submit written comm	ents to:					
Name: HCA Rules Coordinator Address: PO Box 45504, Olympia, WA 98504-5504 Email: arc@hca.wa.gov Fax: 360-586-9727 Other: By (date) <u>December 11, 2018</u>						
Assistance for persor	ns with disa	bilities:				
Assistance for persons with disabilities: Contact <u>Amber Lougheed</u> Phone: 360-725-1349 Fax: 360-725-9727 TTY: Telecommunication Relay Services (TRS): 711 Email: amber.lougheed@hca.wa.gov Other: By (date) <u>December 7, 2018</u>						
		anticipated effects. including any	v changes in existing rules:			
<ul> <li>Purpose of the proposal and its anticipated effects, including any changes in existing rules:</li> <li>Making technical amendments to: <ul> <li>Change references from Medicare supplement coverage to Medicare supplemental coverage.</li> <li>Revise several definitions in WAC 182-13-020.</li> <li>Align eligibility in WAC 182-13-030 with RCW 41.05.197.</li> </ul> </li> </ul>						

	ate residents can apply fo Medicare.	or Medicare supplemental coverage thirty days before the	ey are enrolled in Parts A
		y-three days instead of sixty days for coverage after bec	coming a new resident.
		by cross-referencing RCW 48.66.045 and 48.66.055.	
Baasans sunnar	ting proposale Soo purp	000	
Reasons suppor	rting proposal: See purp	ose	
Statutory author	ity for adoption, DCW/	1 05 107 41 05 160	
Statutory aution	ity for adoption: RCW 4	1.05.197, 41.05.180	
Statute being im	plemented: RCW 41.05.	197, 41.05.160	
	•		
Is rule necessary	y because of a:		
Federal La	w?		🗆 Yes 🛛 No
Federal Co	ourt Decision?		🗆 Yes 🛛 No
State Cour	t Decision?		🗆 Yes 🛛 No
If yes, CITATION	:		
	nts or recommendations	s, if any, as to statutory language, implementation, e	nforcement, and fiscal
matters: N/A			
Name of propon	ent: (person or organizati	ion) Health Care Authority	Private
			Public
			⊠ Governmental
Name of agency	personnel responsible	for:	
	Name	Office Location	Phone
Drafting:	Stella Ng	626 8th Avenue SE, Olympia, Washington	360-725-0852
Implementation:	Barbara Scott	626 8th Avenue SE, Olympia, Washington	360-725-0830
Enforcement:	Scott Palafox	626 8 <sup>th</sup> Avenue SE, Olympia, Washington	360-725-1858
Is a school distri	ict fiscal impact stateme	ent required under RCW 28A.305.135?	🗆 Yes 🛛 No
If yes, insert state		•	
The public ma	y obtain a copy of the sch	nool district fiscal impact statement by contacting:	
Name:			
Address	3:		
Phone:			
Fax:			
TTY:			
Email: Other:			
		- DCW 24 05 2292	
	analysis required unde		
	eliminary cost-benefit ana	alysis may be obtained by contacting:	
Name: Address	2.		
Phone:	,.		
Fax:			

TTY:

Email: Other:

⊠ No: Please explain: RCW 34.05.328 does not apply to Health Care Authority rules unless requested by the Joint Administrative Rules Review Committee or applied voluntarily.

	y Fairness Act Cost Considerations for a	a Small Busin	ess Economic Impact Statement:
	oposal, or portions of the proposal, <b>may be</b> 85 RCW). Please check the box for any ap		requirements of the Regulatory Fairness Act (see ption(s):
adopted so regulation t adopted.	lely to conform and/or comply with federal his rule is being adopted to conform or con	statute or regu	RCW 19.85.061 because this rule making is being lations. Please cite the specific federal statute or describe the consequences to the state if the rule is not
	d description:		
	e proposal, or portions of the proposal, is e RCW 34.05.313 before filing the notice of t		e the agency has completed the pilot rule process
	Ū.	• •	he provisions of RCW 15.65.570(2) because it was
	a referendum.	·	
This rul	e proposal, or portions of the proposal, is e	xempt under F	RCW 19.85.025(3). Check all that apply:
	RCW 34.05.310 (4)(b)		RCW 34.05.310 (4)(e)
	(Internal government operations)		(Dictated by statute)
	RCW 34.05.310 (4)(c)		RCW 34.05.310 (4)(f)
	(Incorporation by reference)		(Set or adjust fees)
	RCW 34.05.310 (4)(d)		RCW 34.05.310 (4)(g)
	(Correct or clarify language)		((i) Relating to agency hearings; or (ii) process
			requirements for applying to an agency for a license or permit)
□ This rul	e proposal, or portions of the proposal, is e	xempt under F	• •
	n of exemptions, if necessary:	·	
	COMPLETE THIS SECT	FION ONLY IF	NO EXEMPTION APPLIES
If the propo			NO EXEMPTION APPLIES costs (as defined by RCW 19.85.020(2)) on businesses?
	osed rule is <b>not exempt</b> , does it impose mo	pre-than-minor	costs (as defined by RCW 19.85.020(2)) on businesses?
⊠ No	bsed rule is <b>not exempt</b> , does it impose mo Briefly summarize the agency's analysis	pre-than-minor	
⊠ No any cos	used rule is <b>not exempt</b> , does it impose mo Briefly summarize the agency's analysis <u>t on small businesses.</u>	pre-than-minor showing how o	costs (as defined by RCW 19.85.020(2)) on businesses?
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AMENDATORY SECTION (Amending WSR 95-07-011, filed 3/3/95, effective 4/3/95)

**WAC 182-13-010 Purpose.** The purpose of this chapter is to establish criteria for state residents for participation in medicare ((supplement)) supplemental coverage available through the HCA.

AMENDATORY SECTION (Amending WSR 95-07-011, filed 3/3/95, effective 4/3/95)

WAC 182-13-020 Definitions. Unless otherwise specifically provided, the definitions contained in this section apply throughout this chapter.

(1) "HCA" means the Washington state health care authority.

(2) "Health plan," or "plan" means any individual or group: Policy, agreement, or other contract providing coverage for medical, surgical, hospital, or emergency care services, whether issued, or issued for delivery, in Washington or any other state. "Health Plan" or "plan" also includes <u>any group health plan that is maintained by any</u> state and governed by the Public Health Services Act in 42 U.S.C. Chapter 6A, self-insured coverage governed by the federal Employee Retirement Income Security Act of 1974, coverage through the Washington <u>state h</u>ealth <u>i</u>nsurance ((<del>Access Act</del>)) <u>pool</u> as described in chapter 48.41 RCW, ((coverage through the Basic Health Plan as described in chapter 70.47 RCW, and)) coverage through the medicaid program as de-scribed in Title 74 RCW, and coverage through the Washington state health benefit exchange as described in chapter 43.71 RCW. "Health plan" or "plan" does not mean or include: Hospital confinement indemnity coverage as described in WAC 284-50-345; disability income protection coverage as described in WAC 284-50-355; accident only coverage as described in WAC 284-50-360; specified disease and specified accident coverage as described in WAC 284-50-365; limited benefit health insurance coverage as described in WAC 284-50-370; long-term care benefits as described in chapter 48.84 RCW; or limited health care coverage ((such as dental only, vision only, or chiropractic only)) (e.g., dental only).

(3) "Lapse in coverage" means a period of time greater than ((ninety)) <u>sixty-three</u> continuous days without coverage by a health plan.

(4) "Resident" means a person who demonstrates that ((he/she lives)) they live in the state of Washington ((at the time of application for, and issuance of coverage)) by providing evidence of residency.

AMENDATORY SECTION (Amending WSR 95-07-011, filed 3/3/95, effective 4/3/95)

WAC 182-13-030 Eligibility. ((Residents are)) <u>A resident is</u> eligible to apply for medicare ((supplement)) <u>supplemental</u> coverage

((arranged by)) available through the HCA ((when they are)) provided the resident is:

(1) ((Eligible for)) Enrolled in Parts A and B of medicare(( $_{\tau}$ )); and

(2) ((Actually enrolled in both Parts A and B of medicare not later than the effective date of medicare supplement coverage.)) Not eligible to purchase coverage as a retired or disabled employee under RCW 41.05.195.

AMENDATORY SECTION (Amending WSR 95-07-011, filed 3/3/95, effective 4/3/95)

WAC 182-13-040 Application for medicare ((supplement)) supplemental coverage. Residents meeting eligibility requirements may apply for medicare ((supplement)) supplemental coverage ((arranged by)) available through the HCA:

(1) ((During the initial open enrollment period of January 1 through June 30, 1995, or)) No earlier than thirty days before they are enrolled in both Parts A and B of medicare;

(2) Within ((sixty)) sixty-three days after becoming a resident  $((-\sigma r)$ 

(3) In the thirty day period before the resident becomes eligible for medicare, or

(4) Within sixty days of retirement, or

(5))) of Washington state;

(3) During any open enrollment period established by federal or state law((, or

<del>(6)</del>))<u>;</u>

(4) During any open enrollment period established by the HCA subsequent to the initial open enrollment period provided that the applicant is replacing a health plan with no lapse in coverage; or

(5) When replacing coverage as described in RCW 48.66.045 or when enrolling during a guaranteed issue period as described in RCW 48.66.055.