

## RULE-MAKING ORDER PERMANENT RULE ONLY

**CR-103P (December 2017)** (Implements RCW 34.05.360)

## **CODE REVISER USE ONLY**

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DATE: September 03, 2020

TIME: 3:57 PM

WSR 20-19-014

Agency: Health Care Authority
Effective date of rule:
Permanent Rules
□ 31 days after filing.
☐ Other (specify) (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should
be stated below)
Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?  ☐ Yes ☒ No If Yes, explain:
, ,
<b>Purpose:</b> The agency is amending these sections and creating a new section within Chapter 182-524 WAC to implement RCW 74.09.719, which provides dental services for Compact of Free Association (COFA) Islanders.
Citation of rules affected by this order:
New: 182-524-0275
Repealed: 182-524-0100; 182-524-0200
Suspended:
Statutory authority for adoption: RCW 74.09.719, 41.05.021, 41.05.160
Other authority:
PERMANENT RULE (Including Expedited Rule Making)
Adopted under notice filed as WSR 20-13-063 on June 15, 2020 (date).
Describe any changes other than editing from proposed to adopted version: N/A
proposed to datapied to the time.
If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:
Name:
Address:
Phone:
Fax:
TTY:
Email:
Web site:
Other:
Calor.

## Note: If any category is left blank, it will be calculated as zero. No descriptive text.

Count by whole WAC sections only, from the WAC number through the history note.

A section may be counted in more than one category.

The number of sections adopted in order to comply	y with:					
Federal statute:	New		Amended		Repealed	
Federal rules or standards:	New		Amended		Repealed	
Recently enacted state statutes:	New	<u>1</u>	Amended	<u>2</u>	Repealed	
The number of sections adopted at the request of a	a nongo	vernmenta	l entity:			
	New		Amended		Repealed	
The number of sections adopted on the agency's o	wn initia	ative:				
	New		Amended		Repealed	
The number of sections adopted in order to clarify,	, stream	line, or ref	orm agency	procedur	es:	
	New		Amended		Repealed	
The number of sections adopted using:						
Negotiated rule making:	New		Amended		Repealed	
Pilot rule making:	New		Amended		Repealed	
Other alternative rule making:	New	<u>1</u>	Amended	<u>2</u>	Repealed	
Date Adopted: September 3, 2020	S	Signature:	` ` `	, , , , ,		
Name: Wendy Barcus			M	indi A	Souch	,
Title: HCA Rules Coordinator			, 0		3 2 3 3 4 4	

AMENDATORY SECTION (Amending WSR 19-11-082, filed 5/17/19, effective 6/17/19)

- WAC 182-524-0100 General. (1) Compact of Free Association (COFA) islander health care ((is-a)) and COFA islander dental care are state-funded programs administered by the health care authority (the agency) to pay the monthly premiums and out-of-pocket expenses for silver level qualified health plans or qualified dental plans for eligible COFA islanders.
- (2) For the purpose of this chapter, "our," "us," and "we" refer to the agency or the agency's designee and "you" refers to the applicant for, or recipient of, COFA islander health care.
- (3) You have the right to appeal any adverse agency action regarding COFA islander health care or COFA islander dental care as described in chapter 182-526 WAC. For coordinated appeals with the Washington health benefit exchange, as described under WAC 182-526-0102, we treat appeals made to either the Washington health benefit exchange or us as filed on the same day. You will not have to submit any information that you have previously submitted to either the Washington health benefit exchange or us.

AMENDATORY SECTION (Amending WSR 19-11-082, filed 5/17/19, effective 6/17/19)

WAC 182-524-0200 Definitions. This section defines terms used in this chapter. See chapter 182-500 WAC for additional definitions.

"Advance premium tax credit (APTC)" - A tax credit taken in advance to lower a monthly health insurance payment (or premium).

"COFA islander" - A person who is a citizen of the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

<u>"COFA islander dental care" - An agency-administered program that pays the premium and out-of-pocket costs for a stand-alone dental plan for eligible COFA islanders.</u>

"COFA islander health care" - An agency-administered program that pays the premium and out-of-pocket costs for a silver level qualified health plan for eligible COFA islanders.

"Compact of Free Association (COFA)" - A legal agreement between the government of the United States and the governments of the Federated States of Micronesia (U.S. Pub. L. 108-188); the Republic of the Marshall Islands (U.S. Pub. L. 108-188); and the Republic of Palau (U.S. Pub. L. 99-658).

"Cost-sharing funds" - Agency-provided funds for out-of-pocket
costs.

"Out-of-pocket costs" - Copayments, coinsurance, deductibles, and other cost-sharing requirements imposed under a qualified health plan for services, pharmaceuticals, devices, and other health benefits covered by the plan and rendered as in-network. Excludes premiums, balance billing amounts for out-of-network providers, and spending for noncovered services.

"Premium cost" - A person's premium for a qualified health plan,
minus the amount of the person's advanced premium tax credit.

"Qualified dental plan (QDP)" - A stand-alone dental plan offered by the Washington health benefit exchange (HBE). For a definition of stand-alone dental plan, see WAC 284-43-6020.

"Qualified dental plan - Noncovered services" - In-network services that are not covered by the QDP, and are consistent with but do not exceed benefits covered under the agency's adult dental program described in chapter 182-535 WAC.

"Silver level qualified health plan (QHP)" - Silver level indicates the category of a qualified health plan (QHP) offered by the Washington health benefit exchange (HBE). For a definition of QHP, see WAC 182-500-0090.

## NEW SECTION

- WAC 182-524-0275 Eligibility—COFA islander dental care coverage. You apply for COFA islander dental care the same way you would apply for COFA islander health care as described in WAC 182-524-0250.
- (1) To be eligible for state-funded COFA islander dental care, you must enroll in a qualified dental plan (QDP) through the Washington health benefit exchange (HBE) during open enrollment or when you qualify for a special enrollment period as described in 45 C.F.R. 155.410 and 45 C.F.R. 420.
- (2) You are eligible for COFA islander dental care administered by us no earlier than January 1, 2021, if you enroll in a QDP and:
- (a) Meet the requirements of COFA islander health care as described in WAC 182-524-0300 (1)(a) through (f); or
- (b) Are enrolled in medicare, meet the requirements as described in WAC 182-524-0300 (1)(a) and (c) and:
- (i) Are a resident as described in WAC 182-524-0400 (1) through (3).
- (ii) You can be temporarily out-of-state and remain on COFA islander dental care if you:
- (A) Intend to return once the purpose of your absence concludes; and
  - (B) Meet the eligibility requirements described in this section.
- (3) Eligibility for COFA islander dental care under subsection (2) of this section is subject to the availability of amounts appropriated for the program as described in WAC 182-524-0300(2).
- (4) Your COFA islander dental care begins the first day of the month your QDP coverage begins and you meet the other eligibility requirements described in subsection (2) of this section.
- (5) We will pay for your premiums, QDP out-of-pocket costs and QDP-noncovered services the same way we pay your premiums and out-of-pocket costs for COFA islander health care as described in WAC 182-524-0600. We may require authorization for payment for QDP-noncovered services.
- (6) We will not pay for expenses incurred by people not covered under COFA islander dental care or services excluded under the medicaid dental program as described in WAC 182-535-1100.
- (7) We will send you notices and letters according to the same provisions and requirements as the letters we send regarding COFA islander health care as described in WAC 182-524-0500.
  - (8) We will terminate your COFA islander dental care if you:

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- (a) No longer meet the eligibility criteria described in subsection (2) of this section;
  - (b) Request termination;
- (c) Perform an act, practice, or omission that constitutes fraud and your insurer rescinds your policy;
- (d) Use your COFA islander dental care cost-sharing funds to pay for anything other than:
  - (i) Out-of-pocket costs for dental coverage under your QDP; or
  - (ii) Authorized ODP-noncovered services.
  - (9) We will reinstate your COFA islander dental care if you are:
  - (a) Terminated in error; or
  - (b) Successful in your appeal of a termination.
- (10) If you report a change that makes you eligible for COFA islander dental care, your sponsorship begins either:

  (a) The first day of the following month, if the change was re-
- ported on or before the fifteenth of the month; or
- (b) The first day of the month after the following month, if the change was reported after the fifteenth of the month.
- (11) Your COFA islander dental care ends the day your enrollment in a silver level QHP ends or the last day of the month your COFA islander dental care eligibility ends, whichever is earlier.