



Health Care Benefit Manager Registration

Registration Demonstration

December 10, 2021



OFFICE of the
**INSURANCE
COMMISSIONER**
WASHINGTON STATE

Navigate to “Registering as a Health Care Benefit Manager”

The screenshot shows the website for the Office of the Insurance Commissioner, Washington State. The main navigation bar includes links for 'For Consumers', 'For Producers', and 'For Insurers & Regulated Entities'. Under 'For Insurers & Regulated Entities', there is a dropdown menu with 'Company applications' highlighted. A blue arrow points from the search bar to the dropdown menu, and an orange arrow points to the 'Registering as a health care benefit manager (HCBM)' option within the dropdown. Below the navigation bar, there is a banner for insurance innovation and a section for 'For Insurers & Regulated Entities' with various service links.

Navigate to the HCBM page

The HCBM page can be found on the insurance.wa.gov website. It is located under the Company Applications menu.

Step 1-Account creation and request for application



REGISTERING AS A HEALTH CARE BENEFIT MANAGER INSTRUCTIONS FOR SUBMITTING NEW APPLICATIONS

Effective January 1, 2022, any person or entity providing services to, or acting on behalf of, a health carrier or employee benefits programs, that directly or indirectly impacts the determination or utilization of benefits for, or patient access to, health care services, drugs, and supplies are required to register as a Health Care Benefit Manager (HCBM) with the Washington Office of the Insurance Commissioner.

How to Apply

Applying for registration is a multi-step process.

Step 1. Account creation and request for application

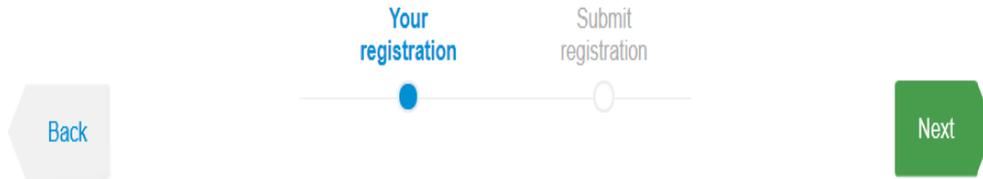
To begin, complete the [Account Creation and Request for Application form](#). Upon submission of the form, you will receive an email confirming your request.



Account creation and request for application

To begin, select the [Account Creation and Request for Application form](#).

Step 1



Account Creation and Request for Application

What company type are you applying for?

A drop-down menu with a white background and a blue highlight on the top bar. The menu is open, showing two options: 'Captive' and 'Health Care Benefit Manager'. A green arrow points to the 'Health Care Benefit Manager' option.

Select Health Care Benefit Manager

Answer “What company type are you applying for?” with the “Health Care Benefit Manager” option in the drop-down menu.

Step 1



Your registration

Submit registration

Back

Next

Account Creation and Request for Application

What company type are you applying for?

Health Care Benefit Manager

What is the exact legal name of the company?

Application and Renewal Primary Contact

Contact Name

Email Address

Confirm Email Address

Country

United States

Phone Number

Extension

(optional)

Street Address

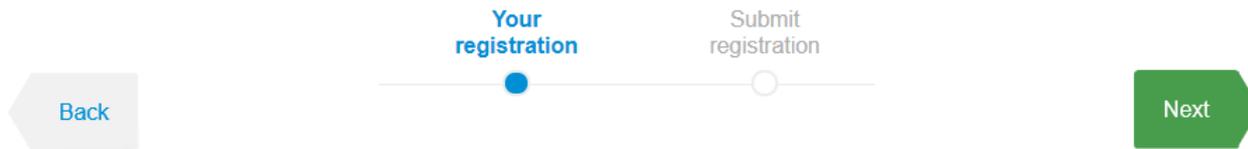
Street Address 2

(optional)

Account Creation and Request for Application

Fill out the form fields with the requested information.

Step 1



Is the domicile address and contact information the same as the primary contact? 

Yes No

Is the mailing address and contact information the same as the primary contact? 

Yes No

Account Creation and Request for Application

Continue to answer the questions in the application form.

Step 1



[About OIC](#)

[Connect with us](#)

[Laws & rules](#)

[Log in](#)

Your
registration

Submit
registration

I declare under penalty of perjury under the laws of the state of Washington that I am duly authorized to create this account and request an application on behalf of the applicant and that the information submitted is true and correct to the best of my knowledge.

[Back](#)

Agree & submit

Account Creation and Request for Application
Finish registration by selecting agree and submit.

Step 1



Step 1 - Account Request (Complete)

Your Health Care Benefit Manager account request for Fake HCBM has been received by the Washington State Office of the Insurance Commissioner.

Step 2 - Payment

We will notify you by email at melaniea@oic.wa.gov with the instructions to log into our online system and pay the required \$200 fee.

Step 3 - Application

Once payment is received, we will email you instructions to submit the application and supporting documents.

What would you like to do next?



Return to the [Office of Insurance Commissioner](#) home page.

Review checklist page.

The checklist page should indicate that Step 1: Account Request is complete. The next step is payment.

Step 1



TEST: Account Request Received (Step 1 of 3)

clcUAT@oic.wa.gov
To Anderson, Melanie (OIC)

Example



Tue 6/22/2021 1:19 PM

Dear Melanie Anderson,

Thank you for submitting your Health Care Benefit Manager account request for Fake HCBM.

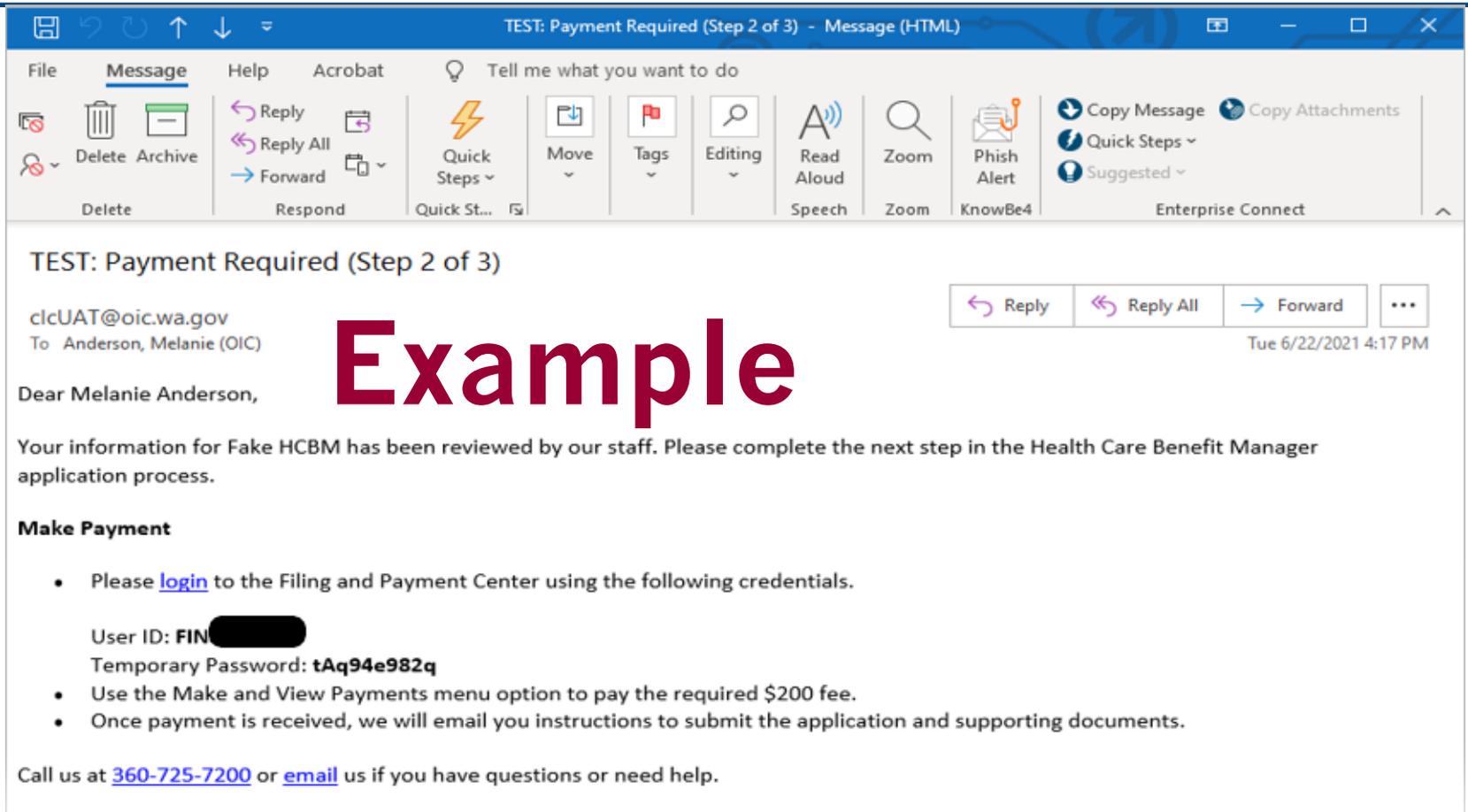
We will notify you by email once the initial information is reviewed by our staff. The email will include instructions to log into our online system and pay the required \$200 fee.

Call us at [360-725-7200](tel:360-725-7200) or [email](#) us if you have questions or need help.

Check your email

You should receive a confirmation email stating your request was received.

Step 2-Submit application fee payment



The screenshot shows an email client window titled "TEST: Payment Required (Step 2 of 3) - Message (HTML)". The email is from "clcUAT@oic.wa.gov" to "Anderson, Melanie (OIC)". The subject is "TEST: Payment Required (Step 2 of 3)". The email content includes a greeting "Dear Melanie Anderson," followed by a message: "Your information for Fake HCBM has been reviewed by our staff. Please complete the next step in the Health Care Benefit Manager application process." Below this is a section titled "Make Payment" with a bulleted list of instructions: "Please login to the Filing and Payment Center using the following credentials." followed by "User ID: FIN [REDACTED]" and "Temporary Password: tAq94e982q". The list continues with "Use the Make and View Payments menu option to pay the required \$200 fee." and "Once payment is received, we will email you instructions to submit the application and supporting documents." At the bottom, it says "Call us at 360-725-7200 or email us if you have questions or need help." A large red "Example" watermark is overlaid on the email content.

Check your email

You should receive a confirmation email stating you can make your payment.

Step 2

Filing and Payment Center

USER LOGIN

User ID

Password

[Forgot Password?](#)

Find your Entity Contact

WAOIC: OR NAIC:

Need user credentials?

We can help if you email us the following information

Login with the information provided in the email

Your user ID will be FIN followed by a number assigned to your organization. For example, your user ID might look like FIN12345.

Step 2

Menu Options

- Submit Filing
- Add Document to Submitted Filing
- Make or View Payments**
- View Submitted Filing
- Amend a Submitted Filing
- Change Password
- Update Contact Information
- Secondary User

Company Filing Center

Fake HCBM WAOIC#: [REDACTED] Health Care Benefit Manager

Your filing contact is the Insurance Commissioner's only point of contact for the Company Filing Center. Please take the time to verify your information using the menu option on the left.

Need more information?

[Frequently Asked Questions](#)

Email CompanySupervisionFilings@oic.wa.gov or call 360.725.7200

Select the view and make payments menu option

To the left of your screen there is a menu. Click on "make or view payments" to submit the \$200.00 registration fee.

Step 2

Payment Options

Fake HCBM WAOIC#: [REDACTED]	Health Care Benefit Manager
--	------------------------------------

Payment Detail	
Registration Fee	\$200.00
<i>Less Payments Made</i>	\$0.00
Balance due in our office immediately	\$200.00

If you have questions concerning the payment of fees, contact us at (360) 725-7031.

Payment Options (choose one below)

Pay by e-Check *(must be from a United States bank with US funds)*
WARNING: Please verify with your bank that your account does not have a block against Debit EFT transactions.
Your bank may request the following information:
Company ID: E916001093
Company Name: Office of Insurance Commissioner

Amount	\$ 200.00
Account Details *	Business Account
Account Type *	Checking Account
Bank Routing # *	[REDACTED]
Account # *	[REDACTED]
Re-enter Account # *	[REDACTED]
Name on the Account *	Melanie Anderson
Email Receipt To *	melaniea@oic.wa.gov

[Pay by paper check](#)



E-Check Example



Step 2

 OFFICE of the
INSURANCE
COMMISSIONER
WASHINGTON STATE

Home About OIC Connect with us Laws & rules Logout

Welcome Fake HCBM

e-Check Payment Verification

Please confirm that the information below is accurate. If it is, click on the checkbox to authorize payment, then press the Process button to continue. If it is not, press the Back button to make modifications.

[Print this page](#)

e-Check Payment Information *(must be from a United States bank with US funds)*
WARNING: Please verify with your bank that your account does not have a block against Debit EFT transactions.
Your bank may request the following information:
Company ID: [REDACTED]
Company Name: Office of Insurance Commissioner

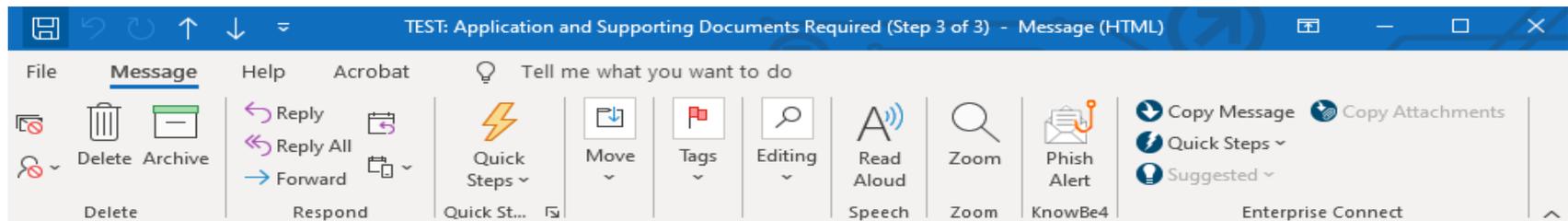
Amount	\$ 200.00
Account Details	Business Account
Account Type	Checking Account
Bank Routing #	[REDACTED]
Account #	[REDACTED]
Re-enter Account #	[REDACTED]
Name on the Account	Melanie Anderson
Email Receipt To	melanica@oic.wa.gov

I authorize the Insurance Commissioner to charge **\$ 200.00** to my Bank account on **06/29/2021** -



E-Check Verification Example

Step 3-Submit completed application and supporting documentation



TEST: Application and Supporting Documents Required (Step 3 of 3)

CLCUAT@oic.wa.gov
To Anderson, Melanie (OIC)

Example



Dear Melanie Anderson,

We have received your payment. Please complete the final step in the Health Care Benefit Manager application process.

Complete Application

- Complete the required [Health Care Benefit Manager application](#).
- Access the [DocuSign Form](#) to upload and submit your completed application and supporting documents.

Call us at [360-725-7200](tel:360-725-7200) or [email](#) us if you have questions or need help.

Receive the payment confirmation email

The payment confirmation email provides instructions for the next step. Complete the Health Care Benefit Manager application and then upload the completed application to DocuSign via the links provided.

Step 3

APPLICATION FOR REGISTRATION AS A HEALTH CARE BENEFIT MANAGER

Application is hereby made for issuance of a registration as a health care benefit manager in the state of Washington.

BUSINESS NAME	
1. Legal Name:	
2. DBA Name(s): (If applicable)	
3. WAOIC Number:	
BUSINESS AND MAILING INFORMATION	
4. Domicile Address:	
5. Home Office / Principal Location Address and Contact Phone Number:	
6. Mailing Address and Contact Phone Number:	
7. Federal Tax Identification Number (FEIN):	
8. Primary Company Contact Person: (Name, Address, Phone Number, Email Address required)	
9. Designated State and Federal Compliance Person: (Name, Address, Phone Number, Email Address required)	
10. Company Complaint Contact: (Name, Address, Phone Number, Email Address required)	
11. Appeals Contact Person: (Name, Address, Phone Number, Email Address required)	
TYPE OF HEALTH CARE BENEFITS MANAGER	
12. Identify areas of specialty:	
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Other (explain):
<input type="checkbox"/> Radiology	
<input type="checkbox"/> Laboratory	
<input type="checkbox"/> Mental Health	

Application Form Example
Please complete this form and
save it as a PDF.

Application Form Example

Please complete this form and save it as a PDF.

REQUIRED DOCUMENTATION

13. Attach all other documents and items, necessary for this application. Attach the referenced items in the order presented below. Use the check box to indicate enclosure of information is within the submission.

- A. Provide a list of all current or previously held HCBM and/or other business professions licenses or registrations issued by a governmental agency. Include the type of license/registration issued, the license/registration number, issue date, expiration date, and the name of the issuing governmental agency. RCW 48.200.030(2)(a)(i), WAC 284-180-240(1)(d).
- B. A copy of the Articles of Incorporation or LLC Managing Agreement. RCW 48.200.030(2)(a)(iv).
- C. A copy of WA business license. RCW 48.200.030(2)(a)(i), WAC 284-180-240(1)(d).
- D. An organizational chart. RCW 48.200.030(2)(a)(i), RCW 48.200.030(2)(a)(iv), WAC 284-180-240(1)(i).
- E. A list of names, and official positions, of all directors and officers. WAC 284-180-240(1)(b).
- F. Provide the identity of persons with any ownership or controlling interest in the HCBM including relevant business licenses and tax identification numbers, and the identity of any entity that the HCBM has a controlling interest in. RCW 48.200.030(2)(a)(i), WAC 284-180-240(1)(b).
- G. Biographical affidavits of all directors and officers, key persons/managers, and person with any ownership or controlling interests. WAC 284-180-240(1)(b).
- H. The number of contracted carriers. RCW 48.200.030(2)(b).
- I. A list of all contracted carriers along with a summary of the contract provisions for each carrier. RCW 48.200.030(2)(b).

STATEMENTS OF ACKNOWLEDGMENT BY CORPORATE OFFICER

As a corporate officer for the applicant, please acknowledge your agreement by initialing each of the following questions. Pursuant to RCW 48.200.050(3), the Commissioner may place on probation, suspend, revoke, or refuse to issue or renew the health care benefit manager's registration if the healthcare benefits manager provided incorrect, misleading, incomplete, or materially untrue information to the commissioner.

- | | |
|--|---|
| 14. Has the applicant committed any violations in this or any state or been the subject of an order from a department of insurance or other state agency? RCW 48.200.050(3), WAC 284-180-240(1)(h). | Initials: <input style="width: 60px;" type="text"/> |
| 15. Has the applicant committed any act that would result in denial, suspension, or revocation of a registration? RCW 48.200.030(4)(a). | Initials: <input style="width: 60px;" type="text"/> |
| 16. Applicant acknowledges they will report any material change in the information provided to obtain or renew a registration to the commissioner within thirty days of the change. RCW 48.200.030(5), WAC 284-180-240(2)(b). | Initials: <input style="width: 60px;" type="text"/> |
| 17. Applicant acknowledges that it must retain a record of all transactions completed for a period of not less than seven years from the date of their creation. All such records as to any particular transaction must be kept available and open to inspection by the commissioner during the seven years after the date of completion of such transaction. RCW 48.200.030(6), WAC 284-180-310(1). | Initials: <input style="width: 60px;" type="text"/> |
| 18. Applicant acknowledges that all contract form and contract amendment form filings must be submitted to the commissioner electronically using NAIC's System for Electronic Rates and Forms Filing ("SERFF"). RCW 48.200.040(2), WAC 284-180-405(1). | Initials: <input style="width: 60px;" type="text"/> |

19. Applicant agrees to submit an application fee of \$200.00 at the time of application. RCW 48.200.030(2)(b), RCW 48.200.030(4)(b), WAC 284-180-210(2). Initials:
20. Applicant agrees to submit the attached Affidavit prepared by a company officer authorized to submit the application and supporting documentation on behalf of the applicant. RCW 48.200.030(2)(a), WAC 284-180-240(1). Initials:

DECLARATION BY CORPORATE OFFICER

DECLARATION

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Signed on this day of (month), (year) at

(City, State).

(Signature of Corporate Officer)

(Printed name of Corporate Officer)

(Title of Corporate Officer)

Application Form Example
Please complete this form and
save it as a PDF.

Step 3



BEGIN SIGNING

HELP

PowerForm Signer Information

Attach and submit the required Health Care Benefit Manager application and supporting documents.

Please enter your name and email to begin the signing process.

Health Care Benefit Manager Applicant

Your Name: *

Your Email: *

BEGIN SIGNING

Upload application to DocuSign

Reference the links in the previous email to open DocuSign.

Step 3

Email Validation: HCBM Registration for Melanie Anderson

DocuSign Demo System <dse_demo@docusign.net>

To: Anderson, Melanie (OIC)

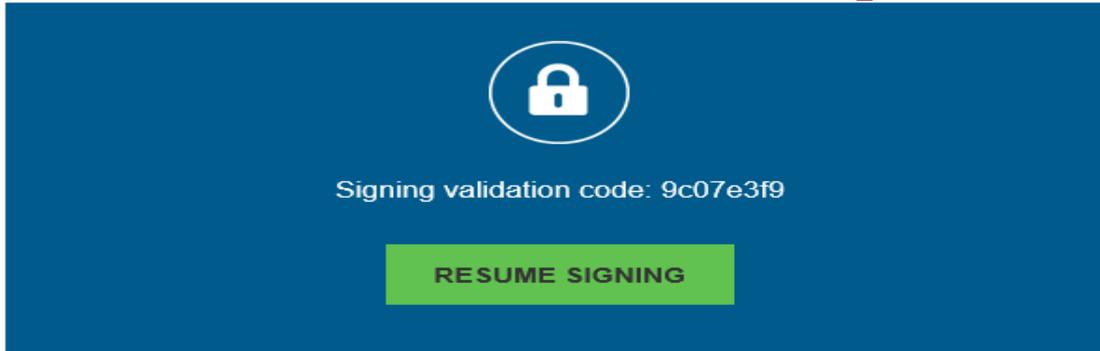
[If there are problems with how this message is displayed, click here to view it in a web browser.](#)

[Reply](#) [Reply All](#) [Forward](#) [...](#)

Tue 6/22/2021 1:13 PM

External Email

Example



Copy and enter the validation code into the access page to continue signing.

If you did not start signing HCBM Registration for Melanie Anderson, please contact support

Receive email verification for DocuSign

Select the resume signing option in the email.

Step 3



Please enter the access code to view the document



Company Licensing Administration

State of Washington, Office of the Insurance Commissioner

An email has just been sent to your email address with a special validation code in it. To proceed to sign your documents please open your email, and enter the code into the box below. Keep this browser window open while you get your email.

Access Code

Show Text

VALIDATE

I NEVER RECEIVED AN ACCESS CODE

Example of DocuSign process

Step 3

Please review the documents below. FINISH OTHER ACTIONS ▾

DocuSign Envelope ID: 7B1271D7-B772-4C67-9F45-8602BC1A743E

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com

 OFFICE of the
INSURANCE
COMMISSIONER
WASHINGTON STATE

To complete the Health Care Benefit Manager application, you must complete and attach all documents and items necessary for this application in the order presented below.

Business Name:

A. Completed Health Care Benefit Manager application with the acknowledgments initialed and the application signed by a corporate officer.



B. A list of all current or previously held HCBM and/or other business professions licenses or registrations issued by a governmental agency. Include the type of license/registration issued, the license/registration number, issue date, expiration date, and the name of the issuing governmental agency. Do not send copies of the licenses or registrations. RCW 48.200.030(2)(a)(i), WAC 284-180-240(1)(d).



C. A copy of the Articles of Incorporation or LLC Managing Agreement. RCW 48.200.030(2)(a)(iv).



D. A copy of Washington state business license. RCW 48.200.030(2)(a)(i), WAC 284-180-240(1)(d).

Example of DocuSign process

Step 3

Remember to click "finish" after the application is signed.



Done! Select Finish to send the completed document.

FINISH

OTHER ACTIONS ▾



L. A numbered list of all contracted carriers along with a summary of the contract provisions for each carrier. RCW 48.200.030(2)(b).

DECLARATION

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Submitters Signature

Date

DocuSigned by:
Melanie Anderson
903395C4851342E

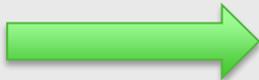
6/22/2021

Printed Name

Melanie Anderson

Submitters Position with Company

President



DocuSignHCBMForm.docx

2 of 2

Example of DocuSign process

Registration Notification

Your application will be reviewed by an OIC Licensing Analyst they will check for:

- Completeness
- Compliance

If your application is incomplete:

- An OIC Licensing Analyst will advise you of what information or documentation is missing or incomplete

If your application is complete:

- You will receive email notice advising you of the status of your application
- The OIC will mail you an original Certificate of Registration along with an email copy

Registration Timeframe

Registrations are valid for one fiscal year from July 1 – June 30

Registrations may be renewed by submitting a renewal application no later than March 1 of each year and paying a registration renewal fee as invoiced by the OIC

Instructions for renewing your registration may be found on the HCBM Registration Renewal link on the OIC website

www.insurance.wa.gov

Questions?

Company Licensing & Compliance

clc@oic.wa.gov

Connect with us!

- Facebook: <https://www.facebook.com/WSOIC>
- Twitter: https://twitter.com/WA_OIC
- Website: www.insurance.wa.gov