



RULE-MAKING ORDER

CR-103P (May 2009)
(Implements RCW 34.05.360)

Agency: Office of the Insurance Commissioner

Permanent Rule Only

Effective date of rule:

Permanent Rules

X 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:

Purpose: These new rules establish and implement the data submission requirements for carriers that provide health benefit plans for school district employees.

Insurance Commissioner Matter No. R 2012-21

Citation of existing rules affected by this order:

Repealed:

Amended:

Suspended:

Statutory authority for adoption: RCW 48.02.060 and 48.02.210(3)

Other authority :

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 12-23-069 on November 20, 2012.

Describe any changes other than editing from proposed to adopted version:

284-198-001 clarify rules apply to carriers and not school districts;

284-198-005(8) clarify definition of "enrollee" includes dependents;

284-198-020(2) clarify premium and paid claims accounted for – not reported – on monthly basis; delete reporting of administrative expenses and IBNR reserves on PMPM basis;

284-198-020(3) survey instructions may permit aggregation of data for benefit packages with small enrollment;

284-198-025(1) data submission deadline no earlier than April 1st, and at least 60 days after data submission instructions posted on OIC web site;

284-198-025(3) deleted restrictions regarding how data must be submitted;

284-198-045(2)-(22) technical edits; clarify data elements to be reported for health benefit plans;

284-198-045(2)-(23) require reporting of additional category of administrative expenses for payments to associations, trusts, and other third parties;

284-198-045(2)-(24)-(25) report payments received for separate disease management, wellness, and other similar programs offered with a health benefit plan; describe the offered programs.

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

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Date adopted:

February 7, 2013

NAME (TYPE OR PRINT)

Mike Kreidler

SIGNATURE

TITLE

Insurance Commissioner

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: February 07, 2013

TIME: 12:11 PM

WSR 13-05-016

(COMPLETE REVERSE SIDE)

**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 with:

Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	<u>11</u>	Amended	_____	Repealed	_____

The number of sections adopted at the request of a nongovernmental entity:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted in the agency's own initiative:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted using:

Negotiated rule making:	New	_____	Amended	_____	Repealed	_____
Pilot rule making:	New	_____	Amended	_____	Repealed	_____
Other alternative rule making:	New	<u>11</u>	Amended	_____	Repealed	_____

Chapter 284-198 WAC

K-12 EMPLOYEE HEALTH INSURANCE DATA REPORTING RULES

NEW SECTION

WAC 284-198-001 Scope. (1) This chapter applies to health care service contractors, health maintenance organizations, and disability insurers that offer health benefit plans to K-12 public school district employees.

(2) This chapter explains the K-12 public school district employee health benefit plan data submission requirements established pursuant to RCW 28A.400.275 and 48.02.210, for the entities listed in subsection (1) of this section.

(3) The provisions of this chapter do not apply to school districts or other entities not subject to regulation under Title 48 RCW. School district reporting requirements under RCW 28A.400.275 will be provided through separate instructions.

NEW SECTION

WAC 284-198-005 Definitions. The following definitions apply to this chapter, unless the context clearly requires otherwise:

(1) "Association health plan" means a health benefit plan or policy issued through an association either pursuant to a master contract or through group contracts that predicate eligibility for enrollment in whole or in part on membership in an association.

(2) "Benefit package" has the same meaning as "health plan" or "health benefit plan."

(3) "Carrier" means, solely for the purpose of this chapter, health care service contractors, health maintenance organizations, and disability insurers that offer health benefit plans to K-12 public school district employees.

(4) "Commissioner" means the Washington state insurance commissioner.

(5) "Data call" means the commissioner's instructions to carriers for submission of information pursuant to RCW 28A.400.275 and 48.02.210.

(6) "Actual earned premium" means premium as defined in RCW

48.43.005, plus any rate credits or recoupment less any refunds, for the applicable period, whether received before, during or after the applicable period.

(7) "Enrollee" means a person entitled to coverage for benefits under a health benefit plan, including an enrollee, subscriber, dependent, policyholder, or a beneficiary of a group plan.

(8) "General administrative expenses" means actual paid expenses for administration, as reported to the commissioner and the National Association of Insurance Commissioners.

(9) "Health plan" or "health benefit plan" means any policy, contract or agreement offered to provide, arrange, reimburse or pay for medical services, as described in RCW 48.43.005(26).

(10) "Health plan premium" means the amount agreed upon as the health plan unit rate charged by the carrier for each plan participant for coverage under a comprehensive medical plan for a defined period of time, regardless of the entity responsible for paying the premium or its equivalent.

(11) "Health plan rate" means the unit rate used to calculate the premium charged, received or deposited as consideration for a health benefit plan or the continuance of a health benefit plan.

(12) "Submission" means the transfer to and actual receipt by the commissioner of data, documents and information, provided by the carrier consistent with the format, method and timing specified by the commissioner.

(13) "Total claim expenses" means the dollar amount of claims recorded as paid during the reporting period.

NEW SECTION

WAC 284-198-010 Acknowledgment. Carriers must acknowledge receipt of the data call by sending an electronic mail acknowledgment to the commissioner's mailbox: 5940survey@oic.wa.gov. The carrier must include the name, e-mail address and telephone number of the contact person within the organization regarding the data call if it has not already done so pursuant to WAC 284-198-050.

NEW SECTION

WAC 284-198-020 Survey instrument. (1) The data call will be issued in the form of a survey instrument, template for narrative responses and record format instruction, containing questions requiring narrative as well as numeric responses. Carriers must

respond to the survey instrument pursuant to the instructions posted on the commissioner's web site.

(2) The survey instrument will collect health plan earned premium and paid claims expenses accounted for on a monthly basis, for the calendar year, and may also collect those data on a plan year basis. The survey instrument will collect data regarding health plan administrative expenses on an annual basis.

(3) The survey instructions may permit the aggregation of data reported for benefit packages that have a small number of enrollees.

NEW SECTION

WAC 284-198-025 Submission. Carriers must comply with the commissioner's data submission standards and are responsible for the accuracy and completeness of the data for all record groups requested through the data call, and for correcting errors identified during the data validation process in a timely manner, and delivering corrected data on or before the due dates set by the commissioner during the data validation process.

(1) Data, supporting documents and any other information necessary to respond to the commissioner's data call must be submitted to the commissioner by the carrier at the address specified in the instructions not later than the deadline established in the data call. The submission deadline shall be no earlier than April 1st of the year following the reporting period and at least sixty days after data submission instructions are posted.

(2) Carriers must use the survey template form posted on the commissioner's web site when responding to the data call, and follow the instructions, requirements and guidelines for the record layout format also posted on the web site. Carriers may submit additional documents or other explanatory information with the completed survey template. These additional documents must be submitted to the commissioner in compliance with any other record layout format requirements included in the instructions.

(3) If a carrier retains the services of a third party to respond to the data call that entity must respond to the data call within the time frames required of the carrier, and follow the commissioner's instructions for submission. If the commissioner requires resubmission of the data, in whole or in part, the third party must respond within the time frame that the commissioner requires.

(4) The commissioner may contract with an entity to collect the data that must be reported pursuant to this chapter. In such a case carriers must submit the required data to that entity for use by the commissioner in carrying out the requirements of RCW 28A.400.275 and 48.02.210.

NEW SECTION

WAC 284-198-030 Resubmission. If the commissioner requires a carrier to resubmit data because the data file was submitted in an incorrect format or does not otherwise comply with the specifications in this chapter and the data call, the carrier must respond within thirty calendar days of receiving a notice to resubmit.

NEW SECTION

WAC 284-198-035 Validation. The carrier must validate the completed survey by executing and submitting to the commissioner the statement of data validity posted on the commissioner's web site with the data call instructions pursuant to RCW 28A.400.275 and 48.02.210.

NEW SECTION

WAC 284-198-040 Data retention. Carriers must retain all data, including computer runs produced to support the data call submission, for three years following submission of the data.

NEW SECTION

WAC 284-198-045 Data fields. The survey template will require reporting of the following data fields and information for each health benefit plan in place during the reporting period that includes K-12 public school district enrollees:

Field	Description	Type (numeric or text)
(1)	Carrier name	text
(2)	Does carrier offer high deductible health plan options to school districts?	text
(3)	Health benefit plan (HBP) name or plan identifier and policy number	text
(4)	HBP - Summary of benefit package - Covered benefits, deductibles, coinsurance, copayments	text
(5)	HBP premium rate schedule for all tiers	text
(6)	HBP begin and end dates for plan year	text

Field	Description	Type (numeric or text)
(7)	HBP monthly enrollment, including employee and dependent enrollment counts	numeric
(8)	HBP aggregate monthly total paid claims	numeric
	For data fields (#9-#14) report total paid claims and utilization/1000	
(9)	HBP monthly paid inpatient facility claims	numeric
(10)	HBP monthly paid outpatient facility claims	numeric
(11)	HBP monthly paid professional services claims	numeric
(12)	HBP monthly paid pharmacy claims	numeric
(13)	HBP monthly paid capitation payments for medical care	numeric
(14)	Other HBP monthly paid medical claims	numeric
(15)	A list of deidentified enrollees that had greater than \$100,000 paid claims in 2012; including for each: The total amount of paid claims, the enrollment status; and the survey instrument diagnosis code categories	text
(16)	HBP actual earned monthly premium	numeric
(17)	HBP total premium or rate stabilization reserves for end of plan year	numeric
(18)	HBP total incurred but not reported (IBNR) reserves for end of plan year	numeric
(19)	HBP total annual general administrative expenses	numeric
(20)	HBP total annual administrative expenses for premium taxes, WSHIP assessments, and other government taxes or assessments	numeric
(21)	HBP total annual administrative expenses for commissions and consulting, including all direct or indirect producer compensation	numeric
(22)	HBP total annual administrative expenses for PPO network access	numeric
(23)	HBP total annual administrative expenses for health benefit related direct or indirect payments to associations, trusts, and other third parties, including benefit administration and marketing related compensation	numeric
(24)	HBP total annual administrative expenses for all expenses not listed in data fields (20) - (23)	numeric
(25)	Total annual payments received for separate disease management, wellness, and similar programs with HBP offered	numeric
(26)	HBP description of disease management, wellness, and similar programs	text
(27)	Carrier progress toward health care cost savings and reduced administrative costs	text
(28)	Description of HBP use of innovative features to reduce premium growth and use of unnecessary health services	text
(29)	Data necessary for school districts to more effectively and competitively manage and procure health insurance plans for employees	text

NEW SECTION

WAC 284-198-050 Contact person. Carriers must notify the commissioner of the name of the person within their organization to whom the survey instrument and data call should be sent. The commissioner will contact the carrier through the person identified to communicate the data call, and to obtain answers to questions about the carrier's data submission. The notification must be submitted to 5940survey@oic.wa.gov, and must include the person's name, title, electronic mail address, physical address and telephone number. Carriers must provide the commissioner with notification within one week after the effective date of this chapter.

NEW SECTION

WAC 284-198-055 Health plan data needed by school districts-- Association health plans. (1) Carriers must provide to a school district any health plan data in the possession of the carrier that is needed by the school district in order to respond to the district's data reporting requirements under RCW 28A.400.275 and 48.02.210.

(2) Carriers that provide coverage to school district employees through association health plans must require the association to provide to a school district any health plan data in the possession of the association that is needed by the school district in order to respond to the district's data reporting requirements under RCW 28A.400.275 and 48.02.210.