

WAC 284-43B-040 Determining whether an enrollee's health plan is subject to the requirements of the act. To implement section 7, chapter 427, Laws of 2019, carriers must make information regarding whether an enrollee's health plan is subject to the requirements of chapter 427, Laws of 2019, available to providers and facilities using the most current version of the Health Insurance Portability and Accountability Act (HIPAA) mandated X12 Health Care Eligibility Benefit Response (271) transaction information through use of a standard message that is placed in a standard location within the 271 transaction. The designated lead organization for administrative simplification in Washington state, after consultation with carriers, providers and facilities through a new or an existing workgroup or committee, must post the language of the standard message and the location within the 271 transaction in which the message is to be placed on its website on or before November 1, 2019. This information also must be posted on the website of the office of the insurance commissioner.

[Statutory Authority: RCW 48.02.060, 48.49.060, and 48.49.110. WSR 19-23-085, § 284-43B-040, filed 11/19/19, effective 12/20/19.]