

WSR 24-14-119

EMERGENCY RULES

HEALTH CARE AUTHORITY

[Filed July 2, 2024, 12:18 p.m., effective July 2, 2024, 12:18 p.m.]

Effective Date of Rule: Immediately upon filing.

Purpose: The health care authority (agency) is amending WAC 182-504-0015 and 182-505-0225 so that the agency does not terminate children's health insurance program (CHIP) coverage for nonpayment of premiums during a child's continuous eligibility period and does not condition or delay enrollment on payment of unpaid premiums.

Citation of Rules Affected by this Order: Amending WAC 182-504-0015 and 182-505-0225.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160.

Under RCW 34.05.350 the agency for good cause finds that state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

Reasons for this Finding: These rule amendments are necessary to comply with 42 C.F.R. 457.570.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 2, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 2, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 2, Repealed 0.

Date Adopted: July 2, 2024.

Wendy Barcus
Rules Coordinator

OTS-5570.1

AMENDATORY SECTION (Amending WSR 23-23-057, filed 11/8/23, effective 12/9/23)

WAC 182-504-0015 Washington apple health—Certification periods for categorically needy programs. (1) A certification period is the period of time we determine that you are eligible for a categorically needy (CN) Washington apple health program. Unless otherwise stated in this section, the certification period begins on the first day of the month of application and continues through the end of the last month of the certification period.

(2) Newborn coverage begins on the child's date of birth and continues through the end of the month of the child's first birthday.

(3) If you are eligible for apple health based on pregnancy, the certification period continues through the last day of the month the pregnancy ends. After-pregnancy coverage begins the first day of the

month, following the end of the pregnancy, and ends the last day of the 12th month from the time after-pregnancy coverage began.

(4) If you are newly eligible for apple health coverage and had a pregnancy end within the last 12 months, your certification period for after-pregnancy coverage:

(a) Begins the first day of the month you are eligible; and

(b) Ends the last day of the 12th month following the end of your pregnancy.

(5) If you are eligible for the refugee program, the certification period ends at the end of the 12th month following your date of entry to the United States.

(6) If you are a child under age six receiving apple health for kids without a premium, your certification period ends the last day of the month of your sixth birthday.

(7) If you are eligible for newborn coverage, your coverage continues through the last day of the month of your first birthday. Apple health for kids coverage begins automatically on the first day of the month after your newborn coverage ends and the certification period ends the last day of the month of your sixth birthday.

(8) For all other CN coverage, the certification period is 12 months.

(9) If you are a child, eligibility is continuous throughout the certification period regardless of a change in circumstances, unless ((a required premium (described in WAC 182-505-0225) is not paid for three consecutive months, or)) you:

(a) Turn age 19;

(b) Move out-of-state; or

(c) Die.

(10) When you turn 19, the certification period ends after the redetermination process described in WAC 182-504-0125 is completed, even if the 12-month period is not over, unless:

(a) You are receiving inpatient services (described in WAC 182-514-0230) on the last day of the month you turn 19;

(b) The inpatient stay continues into the following month or months; and

(c) You remain eligible except for turning age 19.

(11) A retroactive certification period is described in WAC 182-504-0005.

(12) Coverage under premium-based programs included in apple health for kids as described in chapter 182-505 WAC begins no sooner than the month after creditable coverage ends.

OTS-5571.1

AMENDATORY SECTION (Amending WSR 17-12-018, filed 5/30/17, effective 6/30/17)

WAC 182-505-0225 Children's Washington apple health with premiums—Calculation and determination of premium amount. (1) For the purposes of this chapter, "premium" means an amount paid for health care coverage under WAC 182-505-0215.

(2) Premium requirement. (~~(Eligibility for)~~) The Washington apple health premium-based program under WAC 182-505-0215 requires payment of a monthly premium.

(a) The first monthly premium is due in the month following the determination of eligibility.

(b) There is no premium requirement for health care coverage received in the month eligibility is determined or in any prior month.

(c) A child who is American Indian or Alaska native is exempt from the monthly premium requirement.

(3) Monthly premium amount.

(a) The premium amount for the medical assistance unit (MAU) is based on countable income under chapter 182-509 WAC and the number of people in the MAU under chapter 182-506 WAC.

(b) The premium amount is as follows:

(i) If the MAU's countable income exceeds (~~(two hundred ten)~~) 210 percent of the federal poverty level (FPL) but does not exceed (~~(two hundred sixty)~~) 260 percent of the FPL, the monthly premium for each child is \$20.

(ii) If the MAU's countable income exceeds (~~(two hundred sixty)~~) 260 percent of the FPL but does not exceed (~~(three hundred twelve)~~) 312 percent of the FPL, the monthly premium for each child is \$30.

(iii) The medicaid agency charges a monthly premium for no more than two children per household.

(iv) Payment of the full premium is required. Partial payments cannot be designated for a specific child or month.

(v) Any third party may pay the premium on behalf of the household. Failure of a third party to pay the premium does not eliminate the obligation of the household to pay past due premiums.

(c) A change that affects the premium amount takes effect the month after the change is reported.

(4) Nonpayment of premiums.

~~((a) Premium-based coverage ends for all children in the household if the required premiums are not paid for three consecutive months.~~

~~(b) Premium-based coverage is restored back to the month coverage ended if the unpaid premiums are fully paid before the certification period ends.~~

~~(c) The household may reapply for premium-based coverage ninety days after the coverage ended for nonpayment.~~

~~(d))~~ The agency writes off past-due premiums after (~~(twelve)~~) 12 months.