

# Title 182 WAC

## HEALTH CARE AUTHORITY

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### Chapter 182-04 WAC PUBLIC RECORDS

#### WAC

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**WAC 182-04-010 Purpose.** The purpose of this chapter shall be to insure compliance by the Washington state employee insurance board with the provisions of chapter 42.17 RCW dealing with public records.

[Order 01-77, § 182-04-010, filed 8/26/77.]

**WAC 182-04-015 Definitions.** The following definitions shall apply:

(1) "Public record" includes any writing containing information relating to the conduct of government or the performance of any governmental agency or local agency regardless of form or characteristics.

(2) "Writing" means handwriting, typewriting, printing, photostating and every other means of recording any form of communication or representation, including letters, words, pictures, sounds symbols, or combinations thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, magnetic or punched cards, discs, drums and other documents.

(3) The Washington state employee insurance board, created pursuant to chapter 41.05 RCW. The state employee insurance board shall hereinafter be referred to as the board. For the purposes of WAC 182-04-015 through 182-04-070 inclusive, the term "board" shall also refer to the staff and employees of the Washington state employee insurance board.

[Order 01-77, § 182-04-015, filed 8/26/77.]

**WAC 182-04-025 Public records.** All public records of the board as defined in WAC 182-04-015(1) shall be made available upon public request for inspection and copying pursuant to these rules, except however as provided by RCW 42.17.310.

[Order 01-77, § 182-04-025, filed 8/26/77.]

**WAC 182-04-030 Public records officer.** The public records officer for the board shall be the insurance benefits supervisor or his designee. He shall be responsible for implementing the rules adopted by the board regarding release of public records in compliance with chapter 42.17 RCW.

[Order 01-77, § 182-04-030, filed 8/26/77.]

**WAC 182-04-035 Office hours.** Public records shall be made available upon request only during working hours of the board. For the purpose of this chapter, the working hours shall be from 8:00 a.m. until noon, and from 1:00 p.m. until 5:00 p.m., Monday through Friday, excluding legal holidays.

[Order 01-77, § 182-04-035, filed 8/26/77.]

**WAC 182-04-040 Request for public records.** In accordance with the requirements of chapter 42.17 RCW that agencies prevent unreasonable invasions of privacy, and to protect public records from damage or disorganization, and to prevent excessive interference with essential functions of the agency, public records may be inspected or copied, or copies of such records, may be obtained by members of the public, upon compliance with the following procedures:

(1) A request shall be made in writing upon a form prescribed by the agency which shall be available at its office. The form shall be presented to the public records officer; or to any member of the agency's staff, if the public records officer is not available, at the office of the agency during customary office hours. The request shall include the following information:

(a) The name, address, and organization represented, if any, of the person requesting the record;

(b) The time of day and calendar date on which the request was made;

(c) The nature of the request;

(d) If the matter requested is referred to within the current index maintained by the records officer, a reference to the requested record as it is described in such current index;

(e) If the requested matter is not identifiable by reference to the agency's current index, an appropriate description of the record requested.

(2) In all cases in which a member of the public is making a request, it shall be the obligation of the public

records officer or staff member to assist the member of the public in appropriately identifying the public record requested.

[Order 01-77, § 182-04-040, filed 8/26/77.]

**WAC 182-04-045 Copying.** No fee shall be charged for the inspection of public records. The agency shall charge a reasonable fee for providing copies of public records and for use of the agency's copy equipment. This charge is the amount necessary to reimburse the agency for its actual costs incident to such copying.

[Order 01-77, § 182-04-045, filed 8/26/77.]

**WAC 182-04-050 Exemptions.** (1) The board reserves the right to determine that a public record requested in accordance with the procedures outlined in WAC 182-04-040 is exempted under the provisions of RCW 42.17.310.

(2) Pursuant to RCW 42.17.260, the board reserves the right to delete identifying details when it makes available or publishes any public record, in any case where there is reason to believe that disclosure of such details would be an invasion of personal privacy protected by chapter 42.17 RCW. The public records officer will fully justify such deletion in writing.

(3) All denials of requests for public records shall be accompanied by a written statement specifying the reason for the denial.

[Order 01-77, § 182-040-050, filed 8/26/77.]

**WAC 182-04-055 Review of denials of public records request.** (1) Any person who objects to the denial of request for public record may petition for prompt review of such decision by tendering a written request for review. The written request shall specifically refer to the written statement by the public records officer or other staff member which constituted or accompanied the denial.

(2) Following receipt of a written request for review of a decision denying a public record, the records officer shall immediately consider the matter and either affirm or reverse such denial. The request shall be returned with a final decision within two business days following the receipt of such request.

[Order 01-77, § 182-04-055, filed 8/26/77.]

**WAC 182-04-060 Protection of public records.** Following are guidelines which shall be adhered to by any person inspecting such public records:

(1) Inspection of any public records shall be conducted only during working hours as specified in WAC 182-04-035 with the presence of SEIB employees;

(2) No public record shall be removed from the main office without the approval of the insurance benefit supervisor or without the authorization of the SEIB;

(3) Public records shall not be marked, torn, or otherwise damaged;

(4) Public records must be maintained as they are in file or in a chronological order, and shall not be dismantled except for purposes of copying and then only by SEIB employees or others authorized by the insurance benefit supervisor;

(5) Access to file cabinets and other places where public records are kept is restricted, and shall be used by the board.

[Order 01-77, § 182-04-060, filed 8/26/77.]

**WAC 182-04-065 Communication with the board.**

All communications with the board pertaining to the administration or the enforcement of chapter 42.17 RCW and these rules shall be addressed as follows: Insurance Benefits Supervisor, Department of Personnel, State of Washington, 600 South Franklin, Olympia, Washington 98504.

[Order 01-77, § 182-04-065, filed 8/26/77.]

**WAC 182-04-070 Adoption of form.** The board hereby adopts for use by all persons requesting inspection and/or copying or copies of its records, the form set out below, entitled "Request for public records."

State Employees Insurance Board  
Department of Personnel  
State of Washington  
600 South Franklin  
Olympia, Washington 98504

We have received your request for copies of our public records. We would appreciate it if you complete the form on the right and return with the amount required. We will forward the requested copies as soon as we receive this form.

Thank You.

Return to:

Insurance Benefits Supervisor  
Department of Personnel  
600 South Franklin  
Olympia, Washington 98504

**Request for Public Records**

DATE ..... TIME .....  
NAME .....  
ADDRESS .....  
.....  
PURPOSE OF REQUEST  
.....  
.....  
.....

I certify that the information obtained through this request for public records will be used only for the reasons stated and will not be used for commercial purposes.

.....  
Signature

No. of copies . . . . .  
 No. of pages . . . . .  
 Per page charge \$. . . . .  
 Total charge \$. . . . .

[Order 01-77, § 182-04-070, filed 8/26/77.]

### Chapter 182-08 WAC PROCEDURES

#### WAC

182-08-010	Declaration of purpose.
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182-08-300	Criteria for selection of insurance company for automobile and homeowners insurance.

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

182-08-080	Employee to elect option. [Order 7228, § 182-08-080, filed 12/8/76.] Repealed by 79-11-064 (Order 2-79), filed 10/18/79. Statutory Authority: Chapter 41.05 RCW.
182-08-090	Transferred employee. [Order 3-77, § 182-08-090, filed 11/17/77; Order 7228, § 182-08-090, filed 12/8/76.] Repealed by 79-11-064 (Order 2-79), filed 10/18/79. Statutory Authority: Chapter 41.05 RCW.
182-08-111	Medical plan options between open enrollments. [Statutory Authority: Chapter 41.05 RCW. 81-03-014 (Order 1-81), § 182-08-111, filed 1/9/81; 79-11-064 (Order 2-79), § 182-08-111, filed 10/18/79.] Repealed by 91-20-163, filed 10/2/91, effective 11/2/91. Statutory Authority: Chapter 41.05 RCW.
182-08-130	New dependents' medical coverage after enrollment. [Order 7228, § 182-08-130, filed 12/8/76.] Repealed by Order 3-77, filed 11/17/77.
182-08-140	New dependents' life coverage after enrollment. [Order 7228, § 182-08-140, filed 12/8/76.] Repealed by 84-09-043 (Resolution No. 2-84), filed 4/16/84. Statutory Authority: Chapter 41.05 RCW.
182-08-150	Reduction or cancellation of optional insurance coverages. [Order 3-77, § 182-08-150, filed 11/17/77; Order 7228, § 182-08-150, filed 12/8/76.] Repealed by 84-09-043 (Resolution No. 2-84), filed 4/16/84. Statutory Authority: Chapter 41.05 RCW.

**WAC 182-08-010 Declaration of purpose.** The general purpose of these rules is to establish for the state a system of employee benefits administration used by the state employees' insurance board, based on the uniform standards

for health and life insurance for state employees and the higher education faculty and staff. All insurance-related contract negotiations shall be made on the basis of the policies hereinafter specified.

[Order 7228, § 182-08-010, filed 12/8/76.]

**WAC 182-08-020 Duties and responsibilities.** (Chapter 41.05 RCW) The following shall be the duties and responsibilities of the state employees' insurance board (SEIB):

(1) Prescribe rules for the conduct of its business and elect a chairman and vice chairman at its first meeting and annually thereafter.

(2) Study all matters connected with the providing of adequate health care coverage, life insurance, liability insurance, accidental death and dismemberment insurance, and disability income insurance or any one of, or a combination of, the enumerated types of insurance and health care plans for state employees and their dependents.

(3) Design benefits, devise specifications, analyze carrier responses to advertisements for bids, determine the terms and conditions of employee participation and coverage, and decide on the award of contracts which shall be signed by the trustee on behalf of the board.

(4) Develop and provide employee health care benefit plans. At least one plan will provide major medical benefits as its primary feature, at least one plan will provide basic first-dollar benefits as its primary feature plus major medical, either or all of which may be provided through a contract or contracts with regularly constituted insurance carriers or health care service contractors.

[Order 7228, § 182-08-020, filed 12/8/76.]

**WAC 182-08-030 Scope and construction of terms.** Terms used in these SEIB rules will have the meaning given to them except where otherwise defined, and unless where used the context thereof shall clearly indicate another meaning.

Words and phrases used herein in the past, present or future tense shall include the past, present and future tenses; words and phrases used herein in the masculine, feminine, or neuter gender shall include the masculine, feminine and neuter gender; and words and phrases used herein in the singular or plural shall include the singular and plural, unless the context thereof shall indicate another meaning.

[Order 7228, § 182-08-030, filed 12/8/76.]

**WAC 182-08-040 Definitions.** The following definitions apply throughout these rules unless the context clearly indicates another meaning.

**Anniversary date** - contract renewal date for any employee insurance benefits under chapter 41.05 RCW.

**Board** - state employees' insurance board (SEIB) established under the provisions of chapter 41.05 RCW.

**Commercial carrier** - mutual or stock insurance company.

**Health care service contractor** (RCW 48.44.010) - "health care service contractor" means any corporation, cooperative group, or association, which corporation, cooperative group, or association is sponsored by or other-

wise intimately connected with a group of doctors licensed by the state of Washington or by a group of hospitals licensed by the state of Washington; or doctor licensed by the state of Washington; or group of doctors licensed by the state of Washington, who or which not otherwise being engaged in the insurance business, accepts prepayment for health care services from or for the benefit of persons or groups of persons as consideration for providing such persons with any health care services.

**Health maintenance organization (hmo)** - health care service contractors which also meets the requirements of the state Health Maintenance Organization Act of 1975.

**Insurance contract** - the written legal document between the insurance company and the purchaser that specifies the benefits, limitations, exclusions, and other terms agreed to under the policy.

**Medical service bureaus** - Washington physicians service. A health care service contractor who offers service benefits for physician service and indemnity benefits for hospital services.

**Open enrollment** - that period of time, set by the SEIB when employees may sign up for coverages of their choice for which they may not have been previously insured, without evidence of insurability.

**Panel plan** - health care service contractor providing medical facilities and service on a prepaid basis.

**Premium** - the periodic payment required of a policyholder to keep insurance coverages in force.

**Service area** - that geographical area that has been approved by the SEIB for the operation of the health care service contractor.

**State contribution** - employer-paid monies for premium charges, as appropriated by the legislature.

[Order 7228, § 182-08-040, filed 12/8/76.]

**WAC 182-08-060 Approval of health maintenance organization plans.** In the absence of any federal or state statute to the contrary, the board may approve one or more state certified health maintenance organizations within a service area, during a contract term. Where more than one such organization seeks approval within the same service area, the board shall approve those which will best serve the total needs and have the ability to service the proposed benefits with a direct ratio of benefits to premium advantage.

[Statutory Authority: RCW 41.05.010 and 41.05.025. 87-21-069 (Resolution No. 87-6), § 182-08-060, filed 10/19/87; Order 7228, § 182-08-060, filed 12/8/76.]

**WAC 182-08-110 Open enrollments.** Open enrollment for medical coverages will normally be conducted annually. The board will determine when an open enrollment will be held for life insurance.

[Order 7228, § 182-08-110, filed 12/8/76.]

**WAC 182-08-120 Employer contribution.** The board has utilized the employers' contribution to provide coverage for the basic life insurance benefit, a basic long term disability benefit, medical coverage, and dental coverage, and to establish a reserve for any remaining balance. There is no employer contribution available for any other insurance coverages.

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[Statutory Authority: Chapter 41.05 RCW. 86-16-061 (Resolution No. 86-3), § 182-08-120, filed 8/5/86; 83-22-042 (Resolution No. 6-83), § 182-08-120, filed 10/28/83; Order 3-77, § 182-08-120, filed 11/17/77; Order 7228, § 182-08-120, filed 12/8/76.]

**WAC 182-08-160 Group coverage when not in pay status.** An employee who is temporarily not in pay status may retain state group coverages, except long term disability, by self-payment of premium during any authorized leave without pay, during a layoff because of a reduction in force, or while receiving time loss benefits under worker's compensation, subject to a maximum period of twenty-nine months. Provided, that with respect to medical and dental coverages, this twenty-nine month period shall be reduced by the number of months of self-pay allowed under COBRA and the number of employer-paid months allowed under family and medical leave. Provided further, that part-time faculty may self-pay their life, medical and dental coverages between periods of employer paid coverage for a maximum of eighteen months. Medical only or medical and dental coverage may be self-paid but not dental only coverage. An employee may retain long term disability coverage by self-payment of premium up to twenty-four months during an authorized leave without pay, but only if such leave is an approved educational leave. An eligible employee will retain up to twelve weeks of employer paid medical, dental, basic life and basic long-term disability coverage during approved family and medical leave and may self-pay their optional life and long-term disability. With the exception of approved family leave, employees not in pay status are ineligible to receive credit for the employer premium contribution.

[Statutory Authority: Chapter 41.05 RCW. 93-23-065, § 182-08-160, filed 11/16/93, effective 12/17/93; 86-16-061 (Resolution No. 86-3), § 182-08-160, filed 8/5/86; 83-22-042 (Resolution No. 6-83), § 182-08-160, filed 10/28/83; 80-01-082 (Order 5-79), § 182-08-160, filed 12/27/79; 78-03-021 (Order 3-78), § 182-08-160, filed 2/14/78; Order 7228, § 182-08-160, filed 12/8/76.]

**WAC 182-08-165 Other group coverage option.** The following shall apply to employees during any period of approved educational leave. In order to avoid duplication of group medical coverage, such employees who obtain coverage under another group medical plan may interrupt continuance of their SEBB self-pay medical coverage for each full calendar month in which they maintain coverage under the other group medical plan, with the right to reinstate SEBB self-pay medical/dental coverage in the month following termination of the other group medical coverage. Provided, that the furnishing of evidence of such other group medical coverage may be required by the Washington state health care authority. Provided further, that the option to continue self-pay SEBB dental coverage shall be suspended for the same period that SEBB self-pay medical is suspended.

[Statutory Authority: RCW 41.05.065. 89-05-013 (Resolution No. 89-1), § 182-08-165, filed 2/9/89.]

**WAC 182-08-170 Insurance status for a reverted employee.** Employees who revert and are not successful in regaining pay status during the last month in which their employer contribution is made may continue their state group coverages, except long term disability, by self-pay-

ment of premium for a maximum of eighteen months for life insurance and as provided in WAC 182-12-210 for medical and dental coverage. During such period, the reverted employee is ineligible to receive credit for the employer premium contribution. However, if a reverted employee moves to a noneligible position, e.g.; temporary, intermittent or emergency, without a break in service, the employee shall retain eligibility for the employer contribution during such employment.

[Statutory Authority: Chapter 41.05 RCW. 86-16-061 (Resolution No. 86-3), § 182-08-170, filed 8/5/86; 78-02-015 (Order 2-78), § 182-08-170, filed 1/10/78; Order 7228, § 182-08-170, filed 12/8/76.]

**WAC 182-08-175 Group coverage while on family and medical leave.** Employees on leave under the federal Family and Medical Leave Act of 1993, and regulations implementing that act, shall continue to receive up to twelve weeks of employer-paid group medical, dental, basic life, and basic long-term disability insurance while on family and medical leave. If an employee fails to return to work after expiration of family and medical leave for a reason other than the continuation, recurrence, or onset of a serious health condition or other circumstance beyond the control of the employee, the employer may recover the premiums paid to maintain the employee's insurance coverage from the employee.

[Statutory Authority: Chapter 41.05 RCW. 93-23-065, § 182-08-175, filed 11/16/93, effective 12/17/93.]

**WAC 182-08-180 Reimbursement payment of miscalculated premiums.** Premiums miscalculated will be adjusted by returning the excess charged premium to the employee or retiree. Errors producing an underpayment will be reimbursed by the employee or retiree. The agency will communicate with the employee or retiree and develop a repayment term that will not create undue hardship on the employee or retiree.

[Order 01-77, § 182-08-180, filed 8/26/77.]

**WAC 182-08-190 Employer contribution to the public employees health insurance account.** An employer contribution in the amount established by the board shall be made to the public employees health insurance account for each eligible employee in pay status for eight or more hours during a calendar month or for each eligible employee on family and medical leave.

[Statutory Authority: Chapter 41.05 RCW. 93-23-065, § 182-08-190, filed 11/16/93, effective 12/17/93; 78-02-015 (Order 2-78), § 182-08-190, filed 1/10/78; Order 3-77, § 182-08-190, filed 11/17/77.]

**WAC 182-08-195 Retroactive employer and employee contributions restricted.** Withdrawals from the SEIB revolving fund will not be allowed without written approval of the trustee or his designee. Withholding of previously paid employee or employer contribution from transmittals will be similarly restricted.

[Statutory Authority: Chapter 41.05 RCW. 84-09-043 (Resolution No. 2-84), § 182-08-195, filed 4/16/84.]

**WAC 182-08-200 Payment of the employer contribution for eligible employees changing agency employment.** When an eligible employee's employment ceases with an agency at any time prior to the end of the month for which employer contribution is due and transfers to another agency, the losing agency is responsible for the payment of the employer contribution for that employee for that month. The receiving agency would not be liable for any employer contribution for that eligible employee until the month following the transfer.

[Order 3-77, § 182-08-200, filed 11/17/77.]

**WAC 182-08-210 Termination of employer paid insurance benefit programs.** Coverage for a terminated employee, spouse and dependent children under the employer paid insurance benefit programs shall cease at 12:00 midnight, the last day the employee is in pay status.

[Order 3-77, § 182-08-210, filed 11/17/77.]

**WAC 182-08-220 Advertising or promotion of SEBB sponsored benefit plans.** In order to assure equal and unbiased representation of SEBB sponsored or approved benefit plans, any promotion of these plans shall comply with the following:

(1) All materials describing plan benefits are to be prepared by or approved by the health care authority.

(2) Distribution or mailing of all plan benefit descriptions is to be performed by or under the direction of the health care authority.

(3) All media announcements or advertising by a carrier which include any mention of the "state employees benefits board," "health care authority" or any reference to coverage for "state employees or retirees" or any group of employees covered by SEBB plans, must receive the advance written approval of the HCA.

Failure to comply with these requirements may result in contract termination by the health care authority and/or health care authority refusal to consider continued or renewed contracting with the noncomplying party.

[Statutory Authority: Chapter 41.05 RCW. 91-20-163, § 182-08-220, filed 10/2/91, effective 11/2/91; 86-16-061 (Resolution No. 86-3), § 182-08-220, filed 8/5/86.]

**WAC 182-08-300 Criteria for selection of insurance company for automobile and homeowners insurance.** Insurance companies to be considered must meet the following criteria:

(1) Eligibility to include all employees and retirees, and their dependents, except those failing to meet eligibility requirements specified by the board.

(2) Premium cost to be paid entirely by the insured through payroll deduction for active employees and by provisions established by the board for all other eligible persons.

(3) The company must be a financially sound insurance carrier licensed to do business in the state of Washington having at least a B + Best rating.

(4) The board may establish additional criteria as necessary to make an adequate evaluation of the proposals.

(5) The board may approve one or more carriers which meet the above criteria.

[Statutory Authority: Chapter 41.05 RCW. 81-03-014 (Order 1-81), § 182-08-300, filed 1/9/81.]

## Chapter 182-12 WAC

### ELIGIBLE AND NONELIGIBLE EMPLOYEES

#### WAC

182-12-110	Purpose.
182-12-111	Eligible entities.
182-12-115	Eligible employees, retirees, and dependents.
182-12-121	Change in eligibility status.
182-12-122	Surviving dependents eligibility.
182-12-130	Retirees eligible for Medicare.
182-12-132	Retirees returning to state employment.
182-12-145	Insurance eligibility for higher education.
182-12-151	Dependent life insurance.
182-12-160	Elected officials.
182-12-165	State contribution for permanent employees appointed to instructional year or seasonal positions.
182-12-190	Retirees changing medical plans at retirement.
182-12-200	Retirees may change enrollment in approved SEIB insurance plans.
182-12-215	Continued SEBB medical/dental coverage under COBRA.
182-12-220	Eligibility during appeal of dismissal.

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

182-12-120	Noneligible employees. [Order 5646, § 182-12-120, filed 2/9/76.] Repealed by 88-12-034 (Resolution No. 88-1), filed 5/26/88, effective 7/1/88. Statutory Authority: RCW 41.05.010.
182-12-125	Employee or dependents become ineligible for state group coverage. [Statutory Authority: Chapter 41.05 RCW. 84-09-043 (Resolution No. 2-84), § 182-12-125, filed 4/16/84; Order 5646, § 182-12-125, filed 2/9/76.] Repealed by 84-14-058 (Order 5-84), filed 6/29/84. Statutory Authority: Chapter 41.05 RCW.
182-12-126	Extension of retiree dependents' eligibility. [Statutory Authority: Chapter 41.05 RCW. 86-16-061 (Resolution No. 86-3), § 182-12-126, filed 8/5/86.] Repealed by 87-21-069 (Resolution No. 87-6), filed 10/19/87. Statutory Authority: RCW 41.05.010 and 41.05.025.
182-12-127	Extension of retiree dependents' eligibility. [Statutory Authority: RCW 41.05.065. 89-12-045 (Resolution No. 89-2), § 182-12-127, filed 6/2/89. Statutory Authority: RCW 41.05.010. 88-19-078 (Resolution No. 88-4), § 182-12-127, filed 9/19/88. Statutory Authority: RCW 41.05.010 and 41.05.025. 87-21-069 (Resolution No. 87-6), § 182-12-127, filed 10/19/87.] Repealed by 91-11-010, filed 5/3/91, effective 6/3/91. Statutory Authority: RCW 41.05.010 and 41.05.025.
182-12-135	Eligibility for employees on leave without pay. [Order 4-77, § 182-12-135, filed 11/17/77; Order 5646, § 182-12-135, filed 2/9/76.] Repealed by 80-05-016 (Order 2-80), filed 4/10/80. Statutory Authority: Chapter 41.05 RCW.
182-12-140	New eligible employees. [Order 4-77, § 182-12-140, filed 11/17/77; Order 5646, § 182-12-140, filed 2/9/76.] Repealed by 89-05-013 (Resolution No. 89-1), filed 2/9/89. Statutory Authority: RCW 41.05.065.
182-12-150	Husband and wife are eligible employees. [Order 5646, § 182-12-150, filed 2/9/76.] Repealed by Order 4-77, filed 11/17/77.
182-12-155	Classified employee eligible for employer contribution. [Order 5646, § 182-12-155, filed 2/9/76.] Repealed by Order 4-77, filed 11/17/77.
182-12-170	State contributions for Medicare for actively employed. [Order 7228, § 182-12-170, filed 12/8/76.] Repealed by 83-22-042 (Resolution No. 6-83), filed 10/28/83. Statutory Authority: Chapter 41.05 RCW.
182-12-210	Extended self-pay medical and dental coverage. [Statutory Authority: RCW 41.05.065. 89-12-045 (Resolution No.

89-2), § 182-12-210, filed 6/2/89. Statutory Authority: RCW 41.05.010. 88-19-078 (Resolution No. 88-4), § 182-12-210, filed 9/19/88. Statutory Authority: Chapter 41.05 RCW. 87-07-034 (Resolution No. 87-2), § 182-12-210, filed 3/13/87; 86-16-061 (Resolution No. 86-3), § 182-12-210, filed 8/5/86.] Repealed by 91-11-010, filed 5/3/91, effective 6/3/91. Statutory Authority: RCW 41.05.010 and 41.05.025.

**WAC 182-12-110 Purpose.** The purpose of this chapter is to establish criteria of employee eligibility for all state employee insurance board approved plans.

[Order 5646, § 182-12-110, filed 2/9/76.]

**WAC 182-12-111 Eligible entities.** The employees and retirees of eligible entities and their dependents must meet the individual eligibility requirements set forth in WAC 182-12-115 in order to participate in SEBB insurance plans. Only individuals who participated in SEBB insurance plans as an active employee and their dependents are eligible to participate in SEBB insurance plans upon disability or retirement. The following entities shall be eligible to participate in SEBB insurance plans subject to the terms and conditions set forth below.

(1) State agencies. Every department, division, or separate agency of state government including the higher education personnel board, higher education coordinating board, and the state board for community and technical colleges is eligible and required to participate in all board approved plans provided:

Employees of vocational-technical institutions who belong to collective bargaining units may participate in SEBB insurance plans only if the entire collective bargaining unit enrolls in the plans and such participation is consistent with section 83, chapter 238, Laws of 1991.

(2) Counties, municipalities, and political subdivisions, including K-12 school districts. Counties, municipalities, and political subdivisions, including K-12 school districts of the state may participate in SEBB insurance programs provided:

(a) All eligible employees of the entity transfer to SEBB plan coverage as a unit.

(b) The legislative authority or the board of directors obligates itself to participate in all SEBB insurance plans.

(c) The legislative authority of the entity or the board of directors of the school district submits an application together with employee census data and, if available, prior claims experience of the entity to the health care authority.

(d) The legislative authority or the board of directors agrees to maintain its SEBB plan participation through the end of the plan year.

(e) The legislative authority or the board of directors shall provide the health care authority written notice of its intent to terminate SEBB plan participation no later than thirty days prior to the effective date of termination. If a county, municipality, or political subdivision, including a K-12 school district terminates coverage in SEBB insurance plans, retired and disabled employees who began participating after September 15, 1991, will no longer be eligible to participate in SEBB insurance plans beyond the mandatory extension requirements specified in WAC 182-12-215.

(f) The health care authority administrator approves the entity's application.

[Statutory Authority: RCW 41.04.205, 41.05.065, 41.05.011, 41.05.080 and chapter 41.05 RCW. 92-03-040, § 182-12-111, filed 1/10/92, effective 1/10/92. Statutory Authority: Chapter 41.05 RCW. 78-02-015 (Order 2-78), § 182-12-111, filed 1/10/78.]

**WAC 182-12-115 Eligible employees, retirees, and dependents.** The following definitions of eligible employees, retirees, and dependents of an eligible entity, as defined in WAC 182-12-111, shall apply for all SEBB approved plans except as otherwise stated in this chapter:

(1) "Permanent employees." Those who are scheduled to work at least half-time per month and are expected to be employed for more than six months. Such employees shall be eligible effective with their first day of employment.

(2) "Nonpermanent employees." Those who are scheduled to work at least half-time and are expected to be employed for no more than six months. Such employees shall be eligible effective the first day of the seventh calendar month of employment.

(3) "Seasonal employees." Those who work at least half-time per month during a designated season for a minimum of three months but less than nine months per year and who have an understanding of continued employment with their agency season after season. These employees become eligible on the first day of such employment, however, they are not eligible for the employer contribution during the break between seasons of employment.

(4) "Part-time faculty." Faculty who are employed on a quarter/semester to quarter/semester basis become eligible beginning with the second consecutive quarter/semester of half-time or more employment at one or more state institutions of higher education, provided that:

(a) For determining eligibility, spring and fall may be considered consecutive quarters/semesters; and

(b) "Half-time or more employment" will be determined based on each institution's definition of "full-time"; and

(c) At the beginning of each quarter/semester, the employers of part-time faculty shall notify, in writing, all current and newly hired part-time faculty of their potential right to benefits under this section. The employee shall have the responsibility, each quarter, to notify the employers, in writing, of the employee's multiple employment. In no case will there be a requirement for retroactive coverage or employer contribution if a part-time faculty member fails to inform all of his/her employing institutions about employment at all institutions within the current quarter; and

(d) Where concurrent employment at more than one state higher education institution is used to determine total part-time faculty employment of half-time or more, the employing institutions will arrange to prorate the cost of the employer insurance contribution based on the employment at each institution. However, if the part-time faculty member would be eligible by virtue of employment at one institution, that institution will pay the entire cost of the employer contribution regardless of other higher education employment. In cases where the cost of the contribution is prorated between institutions, one institution will forward the entire contribution monthly to SEBB; and

(e) Once enrolled, if a part-time faculty member does not work at least a total of half-time in one or more state

institutions of higher education, eligibility for the employer contribution ceases.

(5) "Appointed and elected officials." Legislators are eligible on the date their term begins. All other elected and full-time appointed officials of the legislative and executive branches of state government are eligible on the date their term begins or they take the oath of office, whichever occurs first.

(6) "Judges." Justices of the supreme court and judges of the court of appeals and the superior courts become eligible on the date they take the oath of office.

(7) "Retirees and disabled employees." Eligible employees who terminate state service after becoming vested in a Washington state sponsored retirement system are eligible for retiree medical, dental and life coverages provided the person:

(a) Immediately begins receiving a monthly retirement income benefit from such retirement system; or

(b) If not retiring under the public employees retirement system (PERS), would have been eligible for a monthly retirement income-benefit because of age and years of service had the person been employed under the provisions of PERS I or PERS II for the same period of employment; or

(c) Must take a lump sum benefit because their monthly benefit would have been under fifty dollars.

Employees who are permanently and totally disabled and eligible for a deferred monthly retirement income benefit are likewise eligible, provided they apply for retiree coverage before their SEBB active employee coverage ends. Persons retiring who do not have waiver of premium coverage from any SEBB life insurance plan are eligible for retiree life insurance, subject to the same qualifications as for retiree medical coverage. Retirees and disabled employees are not eligible for an employer premium contribution. The Federal Civil Service Retirement System shall be considered a Washington state sponsored retirement system for Washington State University cooperative extension service employees who hold a federal civil service appointment and who are covered under the SEBB program at the time of retirement or disability.

(8) "Eligible dependents." The following are eligible as dependents under the medical and dental plans:

(a) Lawful spouse except that as of November 1, 1991, a lawful spouse who works full time and who is eligible for coverage as a subscriber on a plan or plans offered by a K-12 school district and who has waived that coverage is not eligible for employer-paid coverage as a dependent on a SEBB plan.

(b) Dependent children through age nineteen. As used in this section, "children" includes natural children, stepchildren, legally adopted children, and married children who qualify as dependents of the employee/retiree under the Internal Revenue Code or as specified in a court order or divorce decree, and foster children approved by the health care authority. To qualify for HCA approval, a foster child must:

(i) Be living with the subscriber in a parent-child relationship;

(ii) Be dependent upon the subscriber for financial support;



(iii) Not be eligible for coverage under Medicare, Medicaid, or similar government entitlement programs; and

(iv) Not be a foster child for whom support payments are made to the subscriber through the state department of social and health services (DSHS) foster care program.

(c) Dependent children age twenty through age twenty-three who are dependent upon the employee/retiree for maintenance and support, and who are registered students in full-time attendance at an accredited secondary school, college, university, vocational school, or school of nursing. Dependent student eligibility continues year-round for those who attend three of the four school quarters and for the quarter following graduation provided the employee/retiree is covered at the same time; the dependent limiting age has not been exceeded; and the dependent meets all other eligibility requirements.

(d) Dependent children of any age who are incapable of self-support due to developmental disability or physical handicap, provided such condition occurs prior to age twenty or during the time the dependent was covered under an SEBB plan as a full-time student. Proof of such disability and dependency must be furnished prior to the dependent's attainment of age twenty or loss of eligibility for student coverage, and as periodically requested thereafter.

(e) "Dependent parents." Parents of the employee/retiree or their spouse who qualify as dependents under the Internal Revenue Code and who were covered as dependents under SEBB medical/dental plans prior to July 1, 1990, may continue SEBB coverage on a self-pay basis.

(9) Notwithstanding any of the foregoing, employees who are not mandatorily, by election, or otherwise covered by industrial insurance under Title 51 RCW shall not be considered "eligible employees" within the meaning of this section.

[Statutory Authority: Chapter 41.05 RCW. 92-08-003, § 182-12-115, filed 3/18/92, effective 3/18/92; 91-14-084, § 182-12-115, filed 7/1/91, effective 7/1/91. Statutory Authority: RCW 41.05.065(3). 90-12-037, § 182-12-115, filed 5/31/90, effective 7/1/90. Statutory Authority: RCW 41.05.065. 89-12-045 (Resolution No. 89-2), § 182-12-115, filed 6/2/89; 89-01-053 (Resolution No. 88-6), § 182-12-115, filed 12/15/88. Statutory Authority: RCW 41.05.010. 88-19-078 (Resolution No. 88-4), § 182-12-115, filed 9/19/88; 88-12-034 (Resolution No. 88-1), § 182-12-115, filed 5/26/88, effective 7/1/88. Statutory Authority: Chapter 41.05 RCW. 86-21-042 (Resolution No. 86-6), § 182-12-115, filed 10/10/86; 83-12-007 (Order 2-83), § 182-12-115, filed 5/20/83; 80-05-016 (Order 2-80), § 182-12-115, filed 4/10/80; 78-08-071 (Order 5-78), § 182-12-115, filed 7/26/78; Order 5646, § 182-12-115, filed 2/9/76.]

#### **WAC 182-12-121 Change in eligibility status.**

Employees who voluntarily move from an eligible to an otherwise noneligible position shall retain their eligibility for the employer contribution each month in which they are in pay status eight hours or more, provided, (1) the new position is one in which the employee is scheduled to work half time or more, and (2) the employee did not terminate state service before taking the new position. Layoff because of reduction in force is not considered termination of state service. Proviso (1) above does not apply to employees who are on reduction in force status.

[Statutory Authority: Chapter 41.05 RCW. 80-01-082 (Order 5-79), § 182-12-121, filed 12/27/79.]

#### **WAC 182-12-122 Surviving dependents eligibility.**

The following classes of surviving dependents may continue their medical and dental coverages up to the age limits for dependent children by premium withholding or direct payment of premium: (1) Surviving spouse and/or eligible dependent children of a deceased retiree who were covered as dependents under these coverages at the time of the retiree's death, and (2) surviving spouse and/or eligible dependent children of a deceased employee who were covered as dependents under these coverages at the time of the employee's death and who will immediately begin receiving a monthly retirement income benefit from a Washington state sponsored retirement system. Application for surviving dependents coverage must be made within sixty days from the date of death of the retiree/employee. Coverage is retroactive to the date retiree/employee medical coverage terminated. Surviving dependents are not eligible for an employer premium contribution. Surviving dependents are not eligible for retiree life insurance. The Federal Civil Service Retirement System shall be considered a Washington state sponsored retirement system for Washington State University cooperative extension service employees who held a federal civil service appointment and who were covered under the SEIB program at the time of death.

[Statutory Authority: Chapter 41.05 RCW. 86-16-061 (Resolution No. 86-3), § 182-12-122, filed 8/5/86; 80-05-016 (Order 2-80), § 182-12-122, filed 4/10/80; 78-08-071 (Order 5-78), § 182-12-122, filed 7/26/78.]

#### **WAC 182-12-130 Retirees eligible for Medicare.**

After July 1, 1991, new retirees or covered dependents of a retiree who are eligible for Medicare must elect Medicare Parts A and B to be eligible for SEBB plan coverage.

[Statutory Authority: Chapter 41.05 RCW. 91-14-084, § 182-12-130, filed 7/1/91, effective 7/1/91; 80-05-016 (Order 2-80), § 182-12-130, filed 4/10/80; Order 4-77, § 182-12-130, filed 11/17/77; Order 5646, § 182-12-130, filed 2/9/76.]

**WAC 182-12-132 Retirees returning to state employment.** Retirees enrolled in the SEIB retiree medical and/or life program, who return to active employment in an otherwise noneligible position, shall be eligible to continue such coverage on a direct payment basis beginning on the date their eligibility for SEIB retiree coverage would otherwise terminate.

[Statutory Authority: Chapter 41.05 RCW. 80-05-016 (Order 2-80), § 182-12-132, filed 4/10/80.]

**WAC 182-12-145 Insurance eligibility for higher education.** For the purpose of insurance eligibility and experience reporting, the SEIB considers the higher education personnel board, the council for post secondary education, and the state board for community colleges to be higher education agencies.

[Order 5646, § 182-12-145, filed 2/9/76.]

**WAC 182-12-151 Dependent life insurance.** Nothing in these rules shall preclude both husband and wife who are eligible employees from insuring their employed spouse and/or eligible children under dependent life insurance.



[Order 01-77, § 182-12-151, filed 8/26/77.]

**WAC 182-12-160 Elected officials.** All elected officials of any SEIB participating entity, as defined in WAC 182-12-111, who voluntarily or involuntarily leave public office shall be considered as retired employees, whether or not they receive a benefit from a state retirement system.

[Statutory Authority: Chapter 41.05 RCW. 86-06-003 (Resolution No. 86-1), § 182-12-160, filed 2/20/86; Order 5646, § 182-12-160, filed 2/9/76.]

**WAC 182-12-165 State contribution for permanent employees appointed to instructional year or seasonal positions.** Eligible employees appointed to work half-time or more on an instructional year (school year) or equivalent nine month seasonal basis, shall be eligible to receive the state contribution for insurance during the off-season following each period of seasonal employment.

[Statutory Authority: RCW 41.05.010. 88-12-034 (Resolution No. 88-1), § 182-12-165, filed 5/26/88, effective 7/1/88; Order 7228, § 182-12-165, filed 12/8/76.]

**WAC 182-12-190 Retirees changing medical plans at retirement.** Retirees eligible to continue their medical coverage after retirement may elect to change medical plans at the time of retirement.

[Statutory Authority: Chapter 41.05 RCW. 80-05-016 (Order 2-80), § 182-12-190, filed 4/10/80; Order 4-77, § 182-12-190, filed 11/17/77.]

**WAC 182-12-200 Retirees may change enrollment in approved SEIB insurance plans.** A retiree whose spouse is an eligible employee has the right to enroll in the spouses' SEIB plan. Should the spouse cease to be an eligible employee the retiree may reenroll in the retiree plan, with the spouse as a dependent.

[Order 4-77, § 182-12-200, filed 11/17/77.]

**WAC 182-12-215 Continued SEBB medical/dental coverage under COBRA.** Enrollees and eligible dependents who become ineligible for SEBB medical/dental coverage and who qualify for continued coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA), including any amendments hereinafter enacted, may continue their SEBB plan coverage by self-payment of plan premiums in accordance with COBRA statutes and regulations. Parents of an enrollee who qualify as dependents under the Internal Revenue Code and who were covered as dependents under SEBB medical/dental plans prior to July 1, 1990, shall be deemed "dependents" for purposes of COBRA coverage.

[Statutory Authority: RCW 41.05.010 and 41.05.025. 91-11-010, § 182-12-215, filed 5/3/91, effective 6/3/91.]

**WAC 182-12-220 Eligibility during appeal of dismissal.** Employees awaiting hearing of a dismissal action before the personnel appeals board, higher education personnel board or court may continue their SEIB coverages by self-payment of premium on the same terms as an employee who is granted leave without pay. If the hearing board or court upholds the dismissal, coverages shall terminate at the end of the month in which the board or court's decision is made. If the hearing board or court sustains the employee

in the appeal and directs the SEIB employer to reinstate employer paid coverages retroactively, the employer must forward to the SEIB the full employer contribution for the period directed by the hearing board or court. SEIB will refund to the employee any premiums the employee paid for coverages provided by the employer contribution. All optional life and long term disability insurance which was in force at the time of dismissal shall be reinstated retroactively, provided the employee makes retroactive payment of premium for any such optional coverage which was not continued by self-payment during the appeal process. If the employee chooses not to pay retroactive premium, evidence of insurability will be required to obtain such optional coverage.

[Statutory Authority: Chapter 41.05 RCW. 86-16-061 (Resolution No. 86-3), § 182-12-220, filed 8/5/86.]

## Chapter 182-16 WAC PRACTICE AND PROCEDURE

### WAC

182-16-010	Adoption of model rules of procedure.
182-16-020	Definitions.
182-16-030	Appeals from agency decisions—Applicability.
182-16-040	Appeals—Notice of appeal contents.
182-16-050	Appeals—Hearings.

**WAC 182-16-010 Adoption of model rules of procedure.** The model rules of procedure adopted by the chief administrative law judge pursuant to RCW 34.05.250, as now or hereafter amended, are hereby adopted for use by this agency. Those rules may be found in chapter 10-08 WAC. Other procedural rules adopted in this title are supplementary to the model rules of procedure. In the case of a conflict between the model rules of procedure and the procedural rules adopted in this title, the procedural rules adopted in this title shall govern.

[Statutory Authority: RCW 41.05.010 and 34.05.250. 91-14-025, § 182-16-010, filed 6/25/91, effective 7/26/91.]

**WAC 182-16-020 Definitions.** As used in this chapter the term:

- (1) "Administrator" shall mean the administrator of the health care authority;
- (2) "Agency" shall mean the health care authority;
- (3) "Agent" shall mean a person, association, or corporation acting on behalf of the health care authority pursuant to a contract between the health care authority and the person, association, or corporation.

[Statutory Authority: RCW 41.05.010 and 34.05.250. 91-14-025, § 182-16-020, filed 6/25/91, effective 7/26/91.]

**WAC 182-16-030 Appeals from agency decisions—Applicability.** Any enrollee of a health care authority-administered insurance plan aggrieved by a decision of the agency or its agent concerning any matter related to scope of coverage, denials of claims, determinations of eligibility, or cancellations or nonrenewals of coverage may obtain administrative review of such decision by filing a notice of appeal with the administrator of the health care authority. Review of decisions made by HMOs or similar health care

contractors will be pursuant to the grievance/arbitration provisions of those plans and are not subject to these rules. Except that decisions concerning eligibility determinations are reviewable only by the health care authority.

[Statutory Authority: RCW 41.05.010 and 34.05.250. 91-14-025, § 182-16-030, filed 6/25/91, effective 7/26/91.]

**WAC 182-16-040 Appeals—Notice of appeal contents.** Any person aggrieved by a decision of the health care authority may appeal that decision by filing a notice of appeal with the administrator. The notice of appeal must contain:

- (1) The name and mailing address of the enrollee;
- (2) The name and mailing address of the appealing party;
- (3) The name and mailing address of the appealing party's representative, if any;
- (4) A statement identifying the decision appealed from and that portion of the decision considered unjust or unlawful;
- (5) A clear and concise statement of facts in support of appealing party's position;
- (6) A statement indicating whether the aggrieved person desires a hearing;
- (7) The type of relief sought;
- (8) A statement that the appealing party has read the notice of appeal and believes the contents to be true, followed by his/her signature and the signature of his/her representative, if any;
- (9) The appealing party shall file, personally or by mail, with the health care authority the original and two copies of the notice of appeal. The notice of appeal must be received by the health care authority within sixty days after the decision of the agency staff was mailed to the appealing party. The agency shall acknowledge receipt of the copies filed with the agency and the agency's stamp placed upon such copies shall be prima facie evidence of the date of receipt;
- (10) Within thirty days after receipt of notice of appeal, the agency shall notify the appellant of any obvious errors or omissions, and request any additional information.

[Statutory Authority: RCW 41.05.010 and 34.05.250. 91-14-025, § 182-16-040, filed 6/25/91, effective 7/26/91.]

**WAC 182-16-050 Appeals—Hearings.** (1) If, in his/her notice of appeal, the person aggrieved does not request a hearing on the matter, the administrator or his/her designee shall consider all information submitted by the parties and render a decision which shall be deemed the final decision of the agency. A copy of that decision accompanied by a written statement of the reasons for the decision shall be served upon the enrollee or person aggrieved and the agency staff or agent who rendered the decision appealed from.

(2) If, in his/her notice of appeal the person aggrieved requests a hearing, the agency shall set the time and place of the hearing and give not less than seven days notice to all parties and persons who have filed written petitions to intervene.

(3) The administrator or his/her designee shall preside at all hearings resulting from the filings of appeals.

(4) All hearings shall be conducted in compliance with these rules, chapter 34.05 RCW and chapter 10-08 WAC as applicable.

(5) Following completion of the hearing, the administrator or his/her designee shall render a decision which shall be the final decision of the agency. A copy of that decision accompanied by a written statement of the reasons for the decision shall be served on all parties and persons who have intervened.

[Statutory Authority: RCW 41.05.010 and 34.05.250. 91-14-025, § 182-16-050, filed 6/25/91, effective 7/26/91.]

## Chapter 182-18 WAC

### GENERAL REQUIREMENTS FOR ALL ORGAN TRANSPLANT PROGRAMS

#### WAC

182-18-005	Purpose.
182-18-010	Transplant program.
182-18-020	New programs.
182-18-030	Pediatric programs.
182-18-040	Transplant team training and experience.
182-18-050	Multiple organ transplants.
182-18-060	Institutional commitment.
182-18-070	Patient management.
182-18-080	General recipient selection criteria for all organs.

#### LIVER TRANSPLANT PROGRAMS SPECIFIC REQUIREMENTS

182-18-090	Liver transplant program.
182-18-100	Liver transplant team training and experience.

#### KIDNEY TRANSPLANT PROGRAMS SPECIFIC REQUIREMENTS

182-18-110	Kidney transplant program.
182-18-120	Kidney transplant team training and experience.

#### PANCREAS TRANSPLANT PROGRAMS SPECIFIC REQUIREMENTS

182-18-130	Pancreas transplant program.
182-18-140	Pancreas transplant team training and experience.

#### HEART AND/OR HEART-LUNG TRANSPLANT PROGRAMS SPECIFIC REQUIREMENTS

182-18-150	Heart and/or heart-lung transplant program.
182-18-160	Heart and/or heart-lung transplant team training and experience.

**WAC 182-18-005 Purpose.** The purpose of this chapter is to establish general requirements for all organ transplant programs and specific requirements for liver, kidney, pancreas, heart and heart-lung transplant programs. Organ transplant programs must at a minimum meet the criteria outlined in the following sections to be eligible to receive payment for services which are provided to persons covered by the state's uniform medical plan.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-005, filed 8/20/91, effective 9/20/91.]

**WAC 182-18-010 Transplant program.** (1) The transplant program must be a current member of the United Network for Organ Sharing (UNOS).

(2) The program must have a transplant surgeon and a transplant physician on site who meet both the certification

requirements and the specific training and experience requirements for the applicable organ.

(3) The program must have two or more years of experience with transplantation of the applicable organ and must meet the organ-specific volume and outcome requirements.

(4) For patients transplanted from 1985 and after the program must demonstrate actual one-year and two-year patient survival rates that exceed the national averages<sup>1</sup>. If the program's survival rates fall below the national averages, the program must demonstrate that this is related to patient severity (resulting from transplantation of unusually high-risk patients or similar factors). In lieu of actual survival rates, programs may provide actuarial one-year and two-year patient survival rates using the Kaplan-Meier technique.

<sup>1</sup> For liver transplants, the program must demonstrate one-year and two-year patient survival rates that exceed the national averages for patients transplanted from October 1987 and after.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-010, filed 8/20/91, effective 9/20/91.]

**WAC 182-18-020 New programs.** The "new program" requirement will only apply to abdominal transplant programs, i.e., kidney, liver, and pancreas. Heart and heart-lung programs will not be considered for "new program" status. In addition, thoracic transplant experience (e.g., heart and heart-lung) will not be recognized as adequate experience for establishing a "new program" for abdominal organs.

(1) If the program has less than two years experience with the applicable organ it must meet the following requirements to be considered a "new program":

(a) The program must have two or more years of transplant experience with another organ.

(b) The program must have performed fifty or more transplants of the other organ, i.e., fifty kidney transplants, fifty liver transplants, or fifty pancreas transplants, but not a combination. At least ten of the fifty transplants must have been performed in the past year.

(c) For patients transplanted from 1985 and after the program must demonstrate actual one-year and two-year patient survival rates that exceed the national averages<sup>1</sup>. If the program's survival rates fall below the national averages, the program must demonstrate that this is related to patient severity (resulting from transplantation of unusually high-risk patients or similar factors). In lieu of actual survival rates, programs may provide actuarial one-year and two-year patient survival rates using the Kaplan-Meier technique.

(d) The program must have a transplant surgeon and a transplant physician on site who meet the specific training and experience requirements for the applicable organ.

(e) The program must have performed four transplants of the applicable organ within a two-month period, with acceptable outcomes.

(2) A program that meets these requirements will be considered a "new program."

<sup>1</sup> For liver transplants, the program must demonstrate one-year and two-year patient survival rates that exceed the national averages for patients transplanted from October 1987 and after.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-020, filed 8/20/91, effective 9/20/91.]

**WAC 182-18-030 Pediatric programs.** (1) Pediatric programs that fail to meet the organ-specific volume requirements, but meet all other requirements, will be considered on a provisional basis, provided they meet the following criteria:

(a) The pediatric program is closely affiliated with an adult program.

(b) The pediatric program shares its primary transplant surgeon with the affiliated adult program.

(c) The program has performed a minimum volume of pediatric transplants with acceptable outcomes. The organ-specific minimum volumes will be at least: Three pediatric heart or heart-lung transplants; four pediatric liver transplants; two pediatric kidney transplants; and two pediatric pancreas transplants.

(2) Pediatric programs that meet these requirements may combine their volumes and outcomes with their affiliated adult program.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-030, filed 8/20/91, effective 9/20/91.]

**WAC 182-18-040 Transplant team training and experience.** (1) The primary transplant surgeon(s) must be certified by the American Board of Surgery or the American Board of Urology or its equivalent.

(2) The primary transplant physician(s) must be certified by the American Board of Internal Medicine or its equivalent.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-040, filed 8/20/91, effective 9/20/91.]

**WAC 182-18-050 Multiple organ transplants.** Coverage for multiple organ transplants other than heart-lung transplants will be carefully evaluated on a case-by-case basis by the health care authority and its medical advisors.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-050, filed 8/20/91, effective 9/20/91.]

**WAC 182-18-060 Institutional commitment.** (1) The hospital or medical center must allocate adequate resources to the transplant program including, but not limited to, the following: Funding; surgical beds; operating and recovery room resources; and intensive care resources.

(2) The hospital or medical center must provide an adequate level of collaborative support from physicians and ancillary health professionals in the fields of: Anesthesiology; hematology; immunology; infectious diseases; nursing; organ procurement; oncology; pathology; pediatrics (if appropriate); physical medicine and rehabilitation; pulmonary medicine and respiratory support; radiology; social services and tissue typing.

(3) The program must have a nursing team that is trained in managing the special problems of immunosuppressed patients.

(4) The program must have an anesthesia team that is available at all times.

(5) Adequate blood bank services must be available to provide large quantities of blood on short notice.

(6) The program must have adequate plans for organ procurement.

(7) The program must have adequate malpractice and liability insurance.

(8) The program must conduct regular quality assurance evaluations.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-060, filed 8/20/91, effective 9/20/91.]

**WAC 182-18-070 Patient management.** (1) The program must have patient assessment and management protocols that address the following phases of treatment: Waiting; hospitalization; post-discharge; and long-term management.

(2) The program must have established plans or procedures for managing patient complications and must demonstrate their capacity to respond immediately to patient emergencies.

(3) The program must have plans for maintaining adequate communication with referring physicians.

(4) The program must have plans for communicating with and educating the patient and family during the following phases of treatment: Waiting; hospitalization; post-discharge; and long-term management.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-070, filed 8/20/91, effective 9/20/91.]

**WAC 182-18-080 General recipient selection criteria for all organs.** (1) The transplant program must have established selection procedures and written criteria for determining the suitability of patients for transplantation. The procedures and criteria must ensure that candidates are selected in a fair manner.

(2) The transplant program's selection criteria must include generally accepted indications and contraindications that are specific to the applicable organ.

(3) The program's selection criteria must include the following, or similar, considerations:

(a) The candidate must be selected based on critical medical need and maximum likelihood of a successful outcome.

(b) The candidate must be emotionally stable with a realistic attitude demonstrated to the past and current illness. The patient must be capable of following a complex medical regimen for the rest of his/her life, after transplantation.

(c) The candidate must have the social and/or family support needed for him/her to adhere to the complex post-operative treatment program.

(4) When persons covered by the Washington state uniform medical plan are considered for candidacy, the program must submit completed patient evaluations to the Washington state health care authority.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-080, filed 8/20/91, effective 9/20/91.]

### LIVER TRANSPLANT PROGRAMS SPECIFIC REQUIREMENTS

**WAC 182-18-090 Liver transplant program.** (1) The program must have performed a minimum of twenty liver transplants. At least ten of the twenty operations must have been performed in the past year.

(2) The hospital or medical center must provide an adequate level of collaborative support from physicians and ancillary health professionals in the field of hepatology.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-090, filed 8/20/91, effective 9/20/91.]

**WAC 182-18-100 Liver transplant team training and experience.** (1) The primary transplant surgeon must have at least one year of formal training and one year of experience in performing liver transplants at a program that meets UNOS training requirements for livers. Training must have followed the residency or fellowship for the appropriate board certification. Experience must include preoperative assessment, post-operative management and operation as a primary surgeon for an optimum of twelve or more and a minimum of six liver transplants.

(2) In lieu of the above, the primary transplant surgeon must have three or more years of experience which include preoperative assessment, post-operative management and operation as a primary surgeon for an optimum of thirty-six or more and a minimum of eighteen liver transplants. Experience must have been acquired in a program that meets UNOS membership criteria.

(3) The primary transplant physician must have one year of formal training in transplantation medicine in a program that meets UNOS membership criteria. Training must have followed the residency or fellowship for the appropriate board certification. Training must include preoperative and post-operative patient care for an optimum of twelve or more and a minimum of six liver transplants.

(4) In lieu of the above, the primary transplant physician must have a minimum of two years of experience in transplantation medicine in a program that meets UNOS membership criteria. Experience must include patient care responsibility during the preoperative and post-operative period for an optimum of twenty-four or more and a minimum of twelve liver transplants.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-100, filed 8/20/91, effective 9/20/91.]

### KIDNEY TRANSPLANT PROGRAMS SPECIFIC REQUIREMENTS

**WAC 182-18-110 Kidney transplant program.** (1) The program must have performed a minimum of thirty kidney transplants. At least ten of the thirty operations must have been performed in the past year.

(2) The hospital or medical center must provide an adequate level of collaborative support from physicians and ancillary health professionals in the field of nephrology.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-110, filed 8/20/91, effective 9/20/91.]

**WAC 182-18-120 Kidney transplant team training and experience.** (1) The primary transplant surgeon must have at least one year of formal training and one year of experience in performing kidney transplants at a program that meets UNOS training requirements for kidney transplants. Training must have followed the residency or fellowship for the appropriate board certification. Experi-

ence must include preoperative assessment, post-operative management and operation as a primary surgeon for an optimum of twenty or more and a minimum of ten kidney transplants.

(2) In lieu of the above, the primary transplant surgeon must have three or more years of experience which include preoperative assessment, post-operative management and operation as a primary surgeon for an optimum of sixty or more and a minimum of thirty kidney transplants. Experience must have been acquired in a program that meets UNOS membership criteria.

(3) The primary transplant physician must have one year of formal training in transplantation medicine in a program that meets UNOS membership criteria. Training must have followed the residency or fellowship for the appropriate board certification. Training must include preoperative and post-operative patient care for an optimum of twenty or more and a minimum of ten kidney transplants.

(4) In lieu of the above, the primary transplant physician must have a minimum of two years of experience in transplantation medicine in a program that meets UNOS membership criteria. Experience must include patient care responsibility during the preoperative and post-operative period for an optimum of forty or more and a minimum of twenty kidney transplants.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-120, filed 8/20/91, effective 9/20/91.]

#### PANCREAS TRANSPLANT PROGRAMS SPECIFIC REQUIREMENTS

**WAC 182-18-130 Pancreas transplant program.** (1) The program must have performed a minimum of fifteen pancreas transplants. At least ten of the fifteen operations must have been performed in the past year.

(2) The hospital or medical center must provide an adequate level of collaborative support from physicians and ancillary health professionals in the field of endocrinology.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-130, filed 8/20/91, effective 9/20/91.]

**WAC 182-18-140 Pancreas transplant team training and experience.** (1) The primary transplant surgeon must have at least one year of formal training and one year of experience in performing pancreas transplants at a program that meets UNOS training requirements for pancreas transplants. Training must have followed the residency or fellowship for the appropriate board certification. Experience must include preoperative assessment, post-operative management and operation as a primary surgeon for an optimum of ten or more and a minimum of five pancreas transplants.

(2) In lieu of the above, the primary transplant surgeon must have three or more years of experience which include preoperative assessment, post-operative management and operation as a primary surgeon for an optimum of thirty or more and a minimum of fifteen pancreas transplants. Experience must have been acquired in a program that meets UNOS membership criteria.

(3) The primary transplant physician must have one year of formal training in transplantation medicine in a program

that meets UNOS membership criteria. Training must have followed the residency or fellowship for the appropriate board certification. Training must include preoperative and post-operative patient care for an optimum of ten or more and a minimum of five pancreas transplants.

(4) In lieu of the above, the primary transplant physician must have a minimum of two years of experience in transplantation medicine in a program that meets UNOS membership criteria. Experience must include patient care responsibility during the preoperative and post-operative period for an optimum of twenty or more and a minimum of ten pancreas transplants.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-140, filed 8/20/91, effective 9/20/91.]

#### HEART AND/OR HEART-LUNG TRANSPLANT PROGRAMS SPECIFIC REQUIREMENTS

**WAC 182-18-150 Heart and/or heart-lung transplant program.** (1) The program must be approved by Medicare and must have performed a minimum of thirty-six heart and/or heart-lung transplants. At least twelve operations must have been performed in each of the past two years.

(2) The hospital or medical center must provide an adequate level of collaborative support from physicians and ancillary health professionals in the fields of cardiology, pulmonary medicine, and cardiovascular surgery.

(3) The hospital or medical center must have an active cardiovascular medical and surgical program. General indicators of this type of program would be a minimum of five hundred cardiac catheterizations and coronary arteriograms annually, with the ability and willingness to do these procedures on an emergency basis and a surgical group that has demonstrated low mortality rates in an active open heart surgical program involving at least two hundred fifty procedures a year.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-150, filed 8/20/91, effective 9/20/91.]

**WAC 182-18-160 Heart and/or heart-lung transplant team training and experience.** Training and experience requirements for the primary heart or heart-lung transplant surgeon can be met as follows:

(1) The primary transplant surgeon must be certified by the American Board of Thoracic Surgery or its equivalent.

(2) Training and experience during the applicant's cardiothoracic residency:

(a) The individual performed as primary surgeon twenty or more heart or heart-lung transplant procedures (application should be supported by operative notes) during his/her cardiothoracic fellowship.

(b) The individual has been involved in all levels of heart transplantation and patient care including donor selection, organ procurement, recipient selection, post-operative hemodynamic care, post-operative immunosuppressive therapy, and outpatient follow-up.

(c) The individual has a letter from the director of the training program verifying that the fellow has met the above

requirements and that the fellow is qualified to direct a cardiac transplant program.

(d) The above training was at a medical center with a cardiothoracic training program that is approved by the American Board of Thoracic Surgery or, in the case of foreign training, by the UNOS Membership and Professional Standards Committee.

(3) When the training and experience requirements for the transplant surgeon have not been met during one's cardiothoracic residency, they can be met during a subsequent twelve-month cardiac transplant fellowship if all the following conditions are met:

(a) The fellow performed as primary surgeon twenty or more heart or heart-lung transplant procedures (application must be supported by operative notes) during his/her cardiac transplant fellowship.

(b) The fellow has been involved in all levels of heart transplantation and patient care including donor selection, organ procurement, recipient selection, post-operative hemodynamic care, post-operative immunosuppressive therapy, and outpatient follow-up.

(c) The fellow has a letter from the director of the training program verifying that the fellow has met the above requirements, and that the fellow is qualified to direct a cardiac transplant program.

(d) The above training was at a medical center with a cardiothoracic training program that is approved by the American Board of Thoracic Surgery and/or the UNOS Membership and Professional Standards Committee, or in the case of a foreign transplant center, one that has been reviewed by UNOS to assure that the program's overall training experience is acceptable.

(4) If the transplant surgeon requirements have not been met, as outlined above, in a cardiothoracic residency or heart transplant fellowship, they can be met by experience if the following conditions are met:

(a) The surgeon performed as primary surgeon, over a minimum of two or a maximum of three years, twenty or more heart or heart-lung transplant procedures at a UNOS member heart transplant program or its foreign equivalent (application should be supported by operative notes; transplants performed during board qualifying surgical residency do not count).

(b) The surgeon has been involved in all levels of heart transplantation and patient care including donor selection, organ procurement, recipient selection, post-operative hemodynamic care, post-operative immunosuppressive therapy, and outpatient follow-up.

(c) The surgeon has a letter from the director of this UNOS transplant program verifying that the surgeon has met the above requirements, and is qualified to direct a cardiac transplant program.

(5) The primary transplant physician must have one year of formal training in transplantation medicine in a program that meets UNOS membership criteria. Training must have followed the residency or fellowship for the appropriate board certification. Training must include preoperative and post-operative patient care for an optimum of fifteen or more and a minimum of seven heart and/or heart-lung transplants.

(6) In lieu of the above, the primary transplant physician must have a minimum of two years of experience in transplantation medicine in a program that meets UNOS member-

ship criteria. Experience must include patient care responsibility during the preoperative and post-operative period for an optimum of thirty or more and a minimum of fourteen heart and/or heart-lung transplants.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-160, filed 8/20/91, effective 9/20/91.]