

OPERATING RULES
OF
WASHINGTON STATE HEALTH INSURANCE POOL

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SECTION 1. Public Participation in Activities of the Board of Directors

1.1 General

The Board of Directors (the “Board”) of the Washington State Health Insurance Pool (“WSHIP”) recognizes that its decisions can have a financial and personal effect on a broad range of individuals and businesses. Public observation of and comment on the Board’s actions is encouraged by the Board, subject to the Board’s need to address certain matters privately.

1.2 Method of Communication

(a) Written public comment may be sent, faxed or emailed to WSHIP’s executive director or administrator. The executive director will distribute all such comments to all members of the Board. Communication regarding a grievance filed by an applicant or participant will be forwarded to WSHIP’s grievance committee.

(b) Time will be allowed at each meeting of the Board for public comment subject to rules of order. If a meeting is interrupted by a person or group of persons so as to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of the persons interrupting the meeting, the Board may order the meeting room cleared and continue in session or may adjourn the meeting and reconvene at another location selected by majority vote of the Board. In such a session, final disposition may be taken only on matters appearing on the agenda. The Board may establish a procedure for readmitting an individual or individuals not responsible for disturbing the orderly conduct of the meeting. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any meeting of the Board.

1.3 Notice of Meetings and Agenda

Advance notice of regular and special meetings of the Board will be made available to the public in compliance with Section 3.6 of WSHIP’s bylaws.

1.4 Meetings

Each Board meeting will be open to the public and held in a place accessible to the general public. At its discretion, the Board may conduct a portion of its meeting in closed executive session for discussion of matters relating to personnel, contract negotiations, proprietary information, personal information regarding applicants and participants, litigation or threatened litigation and other matters when the Board determines in its discretion that public knowledge regarding the discussion may result in an adverse financial or legal consequence to WSHIP. Before convening in executive session, the presiding officer of the Board shall publicly announce the purpose for excluding the public from the meeting place and the time when the executive session is expected to conclude. Subject to the exceptions noted above, substantive decisions of the Board will be made public through distribution of minutes of Board meetings.

Only members of the Board of Directors will vote on issues brought before the Board. No secret ballots will occur at meetings open to the public. Except as permitted by WSHIP's bylaws or the provisions of this policy, no decisions of the Board will be adopted except in a meeting open to the public and then only at a meeting of which notice has been given according to the provisions above.

1.5 Distribution of Minutes and Written Consents

Minutes of each Board meeting and any written consents signed by the Board will be distributed by email to the following persons:

- (a) Attendees at the Board meeting (provided that an email address has been provided to WSHIP's executive director);
- (b) Persons on the agenda email list; and
- (c) Other persons who file a written request with WSHIP's executive director.

Hard copies of minutes and written consents will be sent by mail to persons who file a written request with WSHIP's executive director.

SECTION 2. Appeals by Applicants and Participants

2.1 General

(a) Any applicant for individual health coverage from a carrier who believes that the carrier erred in its scoring or administration of the Standard Health Questionnaire ("SHQ") may request review by WSHIP if the applicant has exhausted his or her appeal rights directly to the carrier. WSHIP's review will be limited to whether the carrier correctly applied the scoring tool for the SHQ and whether the carrier's notice of rejection for coverage was provided within fifteen business days of the carrier's receipt of the completed application. Such review will follow the internal two-step procedure below, but will not entail external review by an Independent Review Organization ("IRO"). If WSHIP determines that the carrier erred, WSHIP will notify the carrier of its review and recommendation.

(b) Any WSHIP applicant or participant who is aggrieved by an action or decision of WSHIP may pursue up to three levels of appeals. The first two levels are internal, first to WSHIP's administrator and second to the WSHIP's grievance committee. The third level of appeal is external and may be made to a designated IRO. IRO review is available only for appeals of decisions relating to the denial, modification, reduction or termination of coverage of or payment for health care services. A person may appeal to the IRO only after completion of WSHIP's internal review process.

2.2 Internal Process

- (a) Appeal to WSHIP's Administrator

(i) The person, or his or her authorized representative, must notify WSHIP's administrator of his or her request for appeal within 90 days of the event giving rise to the appeal. If the complaint concerns a carrier's application of the SHQ scoring tool, the person should include his or her completed SHQ and the carrier's scoring, if available.

(ii) Within five business days, the WSHIP's administrator will respond to the person in writing confirming receipt of the appeal request, the date it was received, the nature of the complaint and the resolution requested.

(iii) WSHIP's administrator will investigate the complaint, considering all information submitted by the person, and make its decision within 30 days of receipt of the complete information needed to respond to the appeal.

(iv) WSHIP's administrator will notify the person of its decision in writing and inform the person of any further appeal options. The written notice will explain the decision and any supporting coverage or clinical reasons and will specifically refer to any supporting documents. If WSHIP's administrator fails to make its decision within 30 days of its receipt of the complete information needed to respond to the appeal, such failure is deemed to be an adverse decision and the person may appeal to the next level.

(v) If the complaint concerns the carrier's application of the SHQ scoring tool or the timing of the notice of rejection and WSHIP's administrator determines that the carrier erred, WSHIP's administrator will also forward its written decision to the carrier and recommend that the carrier take appropriate action.

(vi) If a complaint involves denial of coverage of a service, and the person provides written notice to WSHIP's administrator of a need for a speedy appeal process because the regular appeals process timelines could seriously jeopardize the person's life, health, or ability to regain maximum function, WSHIP's administrator will provide its written decision within 72 hours of receipt of the appeal request.

(b) Appeal to WSHIP's Grievance Committee

(i) The person, or his or her authorized representative, must notify WSHIP's administrator of his or her request for appeal to WSHIP's grievance committee within 90 days of an adverse decision by WSHIP's administrator and include a written description of the complaint.

(ii) Within five business days, WSHIP's administrator will respond to the person in writing confirming receipt of the appeal request, the date it was received, the nature of the complaint and the resolution requested. Within two business days of sending this notice, WSHIP's administrator will forward the appeal, with all relevant information from its files, to the WSHIP's grievance committee.

(iii) WSHIP's grievance committee will investigate the complaint, considering all information submitted by the person, and make its decision within 30 days of its receipt of the complete information needed to respond to the appeal. The grievance committee may engage independent medical and legal experts to assist in the review process.

(iv) WSHIP's grievance committee will notify the person of its decision in writing and inform the person of any further appeal options. The written notice will explain the decision and any supporting coverage or clinical reasons and will specifically refer to any supporting documents. If WSHIP's grievance committee fails to make its decision within 30 days of its receipt of the complete information needed to respond to the appeal, such failure is deemed to be an adverse decision and the person may appeal to the next level.

(v) If the complaint concerns the carrier's application of the SHQ scoring tool or the timing of the notice of rejection and WSHIP's grievance committee determines that the carrier erred, the grievance committee will also forward its written decision to the carrier and recommend that the carrier take appropriate action.

(vi) If a complaint involves denial of coverage of a service, and the person provides written notice to WSHIP's administrator of a need for a speedy appeal process because the regular appeals process timelines could seriously jeopardize the person's life, health, or ability to regain maximum function, WSHIP's grievance committee will provide its written decision within 72 hours of its receipt of the appeal request.

2.3 External Process

(a) If the WSHIP's grievance committee affirms a decision to deny, modify, reduce, or terminate coverage of or payment for health services, the person may appeal the decision to an IRO by notifying the WSHIP's administrator within 30 days of receipt of the grievance committee's written decision.

(b) The WSHIP's administrator will gather all relevant documents and deliver them to the IRO within three business days of receiving the person's request for appeal.

(c) The IRO, made up of persons not associated with WSHIP, will review the complaint and make a decision. The IRO will provide its decision in writing to the person and WSHIP within 20 days of the person's request for appeal. WSHIP will pay the charges for the IRO's review and written report.

2.4 Enrollment and Services During Appeal Process

(a) A person denied enrollment by a carrier based on his or her SHQ results may apply for coverage under WSHIP while a review is in progress.

(b) If the complaint is from a WSHIP enrollee contesting a coverage decision and such decision was based on a finding of no medical necessity, WSHIP will continue to provide the service until the appeal is completed. Upon completion of the appeal process, if

WSHIP continued to provide the service in question and it is determined that the coverage was properly denied, WSHIP may charge the enrollee for the cost of the services provided.

SECTION 3. Public Information Regarding WSHIP Coverage

The Board and WSHIP's administrator shall take reasonable action to publicize the availability of WSHIP benefits. WSHIP's administrator shall prepare a brochure outlining the benefits and exclusions of WSHIP's insurance coverage in plain language. After approval by the Board, such brochure shall be made reasonably available to participants and applicants. The brochure shall also be made available to WSHIP's members. A copy of the brochure will be provided to all applicants rejected for individual coverage as a result of review under the health questionnaire screening form required by Chapter 48.43 RCW. WSHIP's administrator will develop and, subject to prior approval by the Board, implement a program of public information regarding the availability, features and methods of obtaining information regarding WSHIP and its insurance coverage.

Signed: _____

Mike Kreidler
Insurance Commissioner

Date: _____