

Stakeholder draft | June 11, 2019

Comments due to OIC at RulesCoordinator@oic.wa.gov by June 28, 2019

Effective April 1, 2020.

New section: Adverse Notification Requirements

WAC 284-30-770

(1) This section applies to all insurers, fraternal benefit societies, health carriers including disability, HMO, HCSC, and limited licensed carriers, and to all insurance policies, health plans, and insurance contracts.

(2) "Adverse notification" within this section means a notice, statement, or document from an insurer, fraternal benefit societies, health carriers including disability, HMO, HCSC, and limited licensed carriers describing one or more of the following:

- a. A claim denial;
- b. An initial claim payment determination for less than the amount of the claim submitted. This does not include a claim that is paid less than the original amount to reflect the contracted health care provider's rate;
- c. An adverse benefit determination such as RCW 48.43.005(2); and
- d. Rescission, cancellation, termination or non-renewal unless initiated by an insured. This does not apply to the end of a scheduled policy term.

(3) On each adverse notification provided, the notice must include the following information:

"If you have questions or would like assistance with an appeal or complaint regarding your coverage, insurance company or agent, contact the Washington state Office of the Insurance Commissioner's consumer protection hotline at 1-800-562-6900 or visit <u>www.insurance.wa.gov</u>. The insurance commissioner protects and educates insurance consumers, advances the public interest, and provides fair and efficient regulation of the insurance industry."

(4) The notice specified in subsection (3) of this section must be in the same font type and not less than the font size of the majority of the notification. This notice must appear on the first page, at the end of the adverse notification, or where this notice currently exists if adverse notices are already provided to insureds.

END