

Washington Custom Paper Enrollment Application Certification Checklist

The Washington Office of the Insurance Commissioner (OIC) requires screenshots of all customized online enrollment applications be filed within 30 business days of the coverage effective date or the negotiation close date, whichever is earlier. All fully insured health plans issued in the state of Washington are subject to this requirement. **If an online application does not meet all requirements or is not submitted in a timely manner, coverage may not go into effect.**

Groups using a custom enrollment system are responsible for making sure that the system meets the State of Washington's requirements. Kaiser Foundation Health Plan of the Northwest is responsible for collecting and filing the screenshots of the member experience when using the system for plans it issues. To help groups meet the State of Washington's requirements, we've put together this checklist. Please note, there are two methods of achieving compliance, both are outlined below.

If you have additional questions regarding the requirements, please reference the applicable regulations (RCW 48.44.040, RCW 48.44.020, WAC 284-43-6020 (12), WAC 284-44A-010 (4)(a), WAC 284-44A-040).

METHOD #1 – the paper enrollment application should meet the following requirements:

Font Size

- The font size is 10 pt. or greater.

Logo and/or Name

- The logo and name of Kaiser Permanente on the form is larger than that of the Producer (Agent/Broker).

Licensed Name of Issuer

- Each issuer is listed with its full name and address or location of its home office.
For example: Coverage from Kaiser Permanente in Oregon and Southwest Washington is provided by the Kaiser Foundation Health Plan of the Northwest.

Legal

- Issuers are identified correctly by licensure (Insurer, HCSC).
For example: Kaiser Foundation Health Plan of the Northwest is licensed as a Health Care Service Contractor in Washington and should not be referred to as an HMO.

Fraud Statement

- Washington's specific fraud statement language is included:
"It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."

Dependent Age

- Dependent children, if covered, are covered through the age of 25 regardless of marital status, student status, or eligibility for coverage under another plan.

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Domestic Partner

- Washington State Registered Domestic Partners are treated the same as a spouse and must be clearly listed on the enrollment/application form.
- If children of the primary insured are covered, children of Domestic Partners are covered on the same basis.

Producers

- Forms use the term “Producer” rather than “Agent” or “Broker.”

Kaiser Permanente Specific Information

- Legal name is listed as “Kaiser Foundation Health Plan of the Northwest.” Note: After identifying Kaiser Foundation Health Plan of the Northwest and listing “(Kaiser Permanente NW)” after the full name, Kaiser Permanente NW may then be used throughout the remainder of the application.
- Home office address is included as 500 NE Multnomah Street, Suite 100, Portland, OR 97232.
- Kaiser Permanente NW is not referred to as an HMO.
- Kaiser Permanente NW’s products/plans are not referred to as HMO products/plans.

METHOD #1 Submission

- A Word or PDF version of the complete application has been provided. Note: This should be provided at the time of or before confirmation of the renewal.

METHOD #2 – Effective 4/1/2019, the paper enrollment application meets the State of Washington’s requirements, if the following are met:

Font Size

- The font size is 10 pt. or greater.

Compliant Resource Link is Provided Alongside Custom Enrollment Form

- The “Compliant Resource” is a single page document that provides the required name and address of Kaiser Permanente NW’s home office, fraud statement, dependent age and domestic partner information and producer nomenclature. It can be used to meet the State of Washington’s requirements when provided alongside the custom enrollment form. The form should be attached and referenced to point members to the resource, have font equal size to any other direction provided, so that is obvious to the enrollee.

Example:

Washington Enrollees

Important information for Washington state residents provided on following page:
(optional: hyperlink to the one-pager which mirrors the additional resource)

Here’s the hyperlink to the “Compliant Resource”: https://healthy.kaiserpermanente.org/static/health/en-us/pdfs/nw/KP_NW_LBG_WA_Custom_Enrollment_Requirements_for_KPNW.pdf

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- METHOD #2 Submission**
 - A Word or PDF version of the complete application has been provided and includes the additional resource. Note: This should be provided at the time of or before confirmation of the renewal.