
Policy 14-04 Wait List

Purpose

When BH expects enrollment delays to last six months or more, BH may close subsidized enrollment. BH will establish a list of potential applicants who wish to be contacted when BH resumes accepting applications for subsidized enrollment.

Effective: July 29, 2009	Citations: RCW 70.47.060 WAC 182-24-020 and 182-24-070 <i>Member Handbook, Application and Enrollment materials</i> <i>All documents and member correspondence containing appeal rights and information regarding reenrollment or 12 month waits</i>
Revised: Wait List Policy was separated from Managed Enrollment Policy effective 7/29/09 to highlight the differences between Managed Enrollment and Wait List. Basic Health is always in some form of Enrollment Management but Wait List is the most stringent form. 1/1/2011 Revisions to support enrollment of dependents to age 26.	
Approved: <u>Preston W. Cody</u> Assistant Administrator, BH	

Policy

When BH closes enrollment and establishes a wait list, only applications received from individuals who are exempt from the wait list will be processed.

When BH resumes accepting applications for subsidized enrollment, BH will notify individuals on the wait list and advise them on the action(s) required to apply for coverage. BH may require new application forms and eligibility documentation.

Members or former members who are disenrolled with a 12-month wait remain subject to a 12-month wait during a wait list and must wait for space as it becomes available once eligible to apply.

Wait List Exemptions for New Applicants

Consistent with WAC [182-24-020](#), in the event of a wait list BH will continue to accept and process applications for subsidized enrollment from:

- Children eligible for subsidized BH, who were referred to DSHS for BH Plus coverage, but were found ineligible for BH Plus for reasons other than noncompliance, within the rules for these additions;
- Employees of a home care agency group enrolled or applying for coverage under WAC 182-22-220;
- Eligible individual home care providers;

- Foster parents licensed under chapter [74.15](#) RCW;
- Persons who disenrolled from BH in order to enroll in DSHS Medical Assistance, and subsequently became ineligible for Medical Assistance for reasons other than noncompliance, within the rules for these additions;
- Persons who were disenrolled by BH due to concurrent enrollment in DSHS Medical Assistance, and subsequently became ineligible for Medical Assistance for reasons other than noncompliance, within the rules for these additions;
- Members of the Washington National Guard and Reserves who served in Operation Enduring Freedom, Operation Iraqi Freedom, or Operation Noble Eagle, and their spouses and dependents; who are not institutionalized and
- Subject to availability of funding, additional space for enrollment may be reserved for other applicants as determined by the administrator, in order to ensure continuous coverage and service for current individual and group accounts.
 - New or returning members of an existing tribal sponsored account

Wait List Exemptions for Existing Accounts

In order to ensure continuous coverage and service for existing individual and group accounts the administrator has determined that the following circumstances qualify to bypass the wait list for subsidized enrollment:

- Non-enrolled family members may enroll for coverage in one of the following circumstances, within the rules for these additions:
 - new spouse and dependents due to marriage,
 - within 30 days of the loss of other coverage,
 - new dependents by birth or adoption,
 - custody changes; or divorce and separation proceedings
 - dependents under age 26 returned to or added to accounts due to full-time student status or transfer accounts for dependents who no longer qualify to remain on their parent's accounts and who apply for their own account within the required timelines. Students transferring to their own account must meet all eligibility requirements for BH including residency requirements.
- BH enrollees referred to DSHS Medical Assistance for maternity benefits that remain eligible for BH; and were found ineligible for DSHS for reasons other than noncompliance.
- BH enrollees returning to BH from maternity coverage under DSHS Medical Assistance, whose accounts are in good standing. "Good standing" means the account and member are eligible for subsidized enrollment, without penalty.
- Group enrollees no longer eligible for group coverage or affected by the disenrollment of a Group account will be offered coverage under individual accounts if eligible.
- Members reenrolling following a one-month suspension for late payment of premium.
- Members who lose eligibility because their income exceeds the subsidized limit; and provide proof of eligibility for a subsidy within six months of disenrollment.