



July 8, 2022

Rules Coordinator
Washington State Office of the Insurance Commissioner
P.O. Box 40255
Olympia, Washington 98504-0255
Submitted via email to: rules@oic.wa.gov

**RE: CR 101 and prepublication draft (R 2022-04) Statement requirement for consumer adverse benefit determination notices
Comments from Coordinated Care Corporation, NAIC# 95831**

Dear Sir/Madam,

Coordinated Care Corporation (“CCC”) appreciates the opportunity to provide feedback to the Office of the Insurance Commissioner (“OIC”) on the CR 101 and the prepublication draft on (R 2022-04) Statement requirement for consumer adverse benefit determination notices. CCC commends the OIC for taking the concerns raised by carriers into consideration and taking this initiative to make the required statement be at a lower and more appropriate reading level for Washington State consumers.

The National Committee for Quality Assurance (NCQA) although not a regulatory agency, has a similar requirement for health plans that we would like to bring to your attention for consideration. The NCQA requires health plans to include information about the reviewer in an adverse benefit determination notice. The NCQA requirement, we believe is substantially similar to the intent of WAC 284-43-3070(2)(g). The NCQA requirement noted in UM 8 Policies for Appeals Element A Internal Appeals Factor 15 Titles and Qualifications states as follows:

“Appeal policies and procedures require the appeal notice to identify all reviewers who participated in making the appeal decision, including the same-or-similar specialist reviewer, when applicable, as they provide specific clinical knowledge and experience that affects the decision.

For each individual, the notice includes:

- For a benefit appeal: The title (position or role in the organization).*
- For a medical necessity appeal: The title (position or role in the organization), qualifications (clinical credentials such as MD, DO, PhD, physician) and specialty (e.g., pediatrician, general surgeon, neurologist, clinical psychologist).”*

The most recent guidance from the NCQA on the above requirement is that organization may cite the title and credentials of the reviewer but not the reviewer’s name. For example: our medical director, a physician who is board certified in Internal Medicine. Further, the NCQA notes that, if a member requests for the name of the reviewer, then the organization must provide it.

In our view, including the information about the reviewer per the NCQA requirement plus the required language in WAC 284-43-3070(2)(g) will cause greater confusion for the consumer. This is because the information the required language in WAC 284-43-3070(2)(g) grants the member the right to request has proactively been given. The required language in WAC 284-43-3070(2)(g) slightly differs from the NCQA requirement in that WAC 284-43-3070(2)(g) requires carriers to state whether or not the reviewer is employed by carrier.

As we stated earlier, we acknowledge the NCQA is not a regulatory agency and that the OIC has the authority to regulate carriers in Washington. We believe however that, to make adverse benefit determination notices more reader friendly and comprehensible for consumers, carriers who are already complying with the NCQA requirements are to be excluded from the requirement in WAC 284-43-3070(2)(g). We, therefore, respectfully request the OIC to consider the recommended proposed language below.

WAC 284-43-3070(2)(g)

Effective November 1, 2022, the following statement: “You can ask a health carrier to identify the experts who were consulted about the adverse benefit determination – even if the expert’s advice was not used to make the determination. The carrier is not required to identify the expert by name or provide their address. The carrier can instead provide the expert’s job title and specialty, board certification status or other information related to their qualifications and also state whether or not they are employed by the carrier.”

- i. A carrier is not required to include the required language in WAC 284-43-3070(2)(g) if the carrier is accredited by National Committee for Quality Assurance (NCQA) which requires carriers’ adverse benefit determination notices comply with UM 8 Policies for Appeals Element A Internal Appeals Factor 15 Titles and Qualifications and includes whether or not the expert is employed by the carrier.

Thank you for consideration of our comments. Please let me know if you have any questions. You may reach me at elizabeth.abekah@coordinatedcarehealth.com

Respectfully,



Liz Abekah
Compliance Specialist
Coordinated Care Corporation