



July 31, 2024

Sydney Rogalla
Jane Beyer
Washington Office of the Insurance Commissioner
302 Sid Snyder Ave
Olympia, WA 98501
Submitted via email to: rulescoordinator@oic.wa.gov

Re: Implementation of SSB 5986 and updates to the Balance Billing Protection Act prepublication draft comments (R 2024-01)

Dear Ms. Rogalla & Ms. Beyer,

On behalf of Cambia Health Solutions, Inc. and its affiliates, including Regence BlueShield, Regence BlueCross BlueShield of Oregon, Regence BlueShield of Idaho, Inc., Asuris Northwest Health, and BridgeSpan Health Company (“Cambia”), thank you for the opportunity to provide feedback on the implementation of SSB 5986 and updates to the Balance Billing Protection Act (BBPA) rulemaking pre-publication draft. We appreciate the numerous opportunities provided to partner with the OIC on implementation of the BBPA, and we would like to offer the following comments on the draft language for your consideration.

WAC 284-43B-010 Definitions

The term “cost-sharing” is used throughout the BBPA regulations; we recommend the OIC adds a reference to the definition of cost-sharing found in RCW 48.43.005(20).

WAC 284-43B-010(e) “Cost-sharing” has the same meaning as defined in RCW 48.43.005

WAC 284-43B-027 Payments to nonparticipating ground ambulance services organizations

We recommend the OIC define or clarify “...where the transport originated...” in subsection (2). It is important to understand whether that means where the ground ambulance vehicle originated or where the ground ambulance vehicle met the patient. Either way, it is important the rate for these nonparticipating ground ambulance transports follow the same methodology as set in statute for other nonparticipating ground ambulance transports. The legislature did not have the opportunity to contemplate nonparticipating ground ambulance transports under this scenario, therefore they shouldn’t deviate from

applying the local jurisdictions set rate first, and if that doesn't exist, applying the lesser of 325% of Medicare or billed charges.

In subsection (3), we recommend clarifying that the effective date of a local jurisdiction's rate cannot be in the past. This will ensure carriers have at least 90 days to implement a rate change, no matter when the rate is submitted to the OIC and regardless of the rate's stated effective date. This will prevent carriers from re-processing claims, which can cause consumer and provider confusion. Accordingly, we recommend the following language revisions in the prepublication draft:

WAC 284-43B-027 (3) A carrier may rely in good faith upon the applicable locally set rate submitted to the insurance commissioner under WAC 284-43B-029. If a local governmental entity's updated rates are not submitted 90 days in advance of the effective date of the updated rate, as provided in WAC 284-43B-029, the carrier may rely upon the most recent previous rate submission for that local governmental entity for a period of 90 days following the date the updated rate is published in the insurance commissioner's publicly accessible database. ~~effective date of the updated rate.~~

WAC 284-43B-029 Local governmental entity rate reporting to the insurance commissioner.

We are concerned with the initial rate submission deadline of October 31, 2024. In future instances of rate updates, carriers will have at least 90 days to implement a rate change. Considering carriers will implement a much larger volume of rates for the first time this year, we think it is reasonable to provide us with at least the same 90-day implementation timeframe ahead of the January 1, 2025, effective date. Additionally, we anticipate the OIC will need an unspecified period to build the publicly accessible database, potentially leaving carriers with even less time to implement. For those reasons, we urge the OIC to require local governmental entities submit their rates no later than October 1, 2024.

To ease any unforeseen implementation challenges, we recommend the OIC secure a volunteer local governmental entity to provide a few sample rate submissions, according to the OIC's requirements in this section as soon as possible. The OIC could provide this sample to the health carriers to aide them in configuring systems and testing to prepare for implementation of all the local governmental entity rates when the OIC's database is published later this year. The OIC's ground ambulance advisory group could work through feedback from both the local governmental entities and carriers to potentially fix issues ahead of the final OIC rate database publication.

WAC 284-170-205 Behavioral health emergency services provider contracting

We recognize that this section codifies many of the best practice recommendations from the HB 1688 behavioral health crisis services workgroup led by OneHealthPort, in which Cambia participated. We appreciate efforts to ensure these recommendations, and OIC expectations, are memorialized. Our subject matter experts reviewed and agreed these provisions appear consistent with our understanding of the requirements and expectations coming out of the workgroup.

Thank you for considering our comments. Please let me know if you would like to discuss any of our feedback further. I can be reached at Jane.Douthit@Regence.com or (206) 332-5212.

Sincerely,

A handwritten signature in black ink that reads "Jane Douthit". The signature is written in a cursive style with a long horizontal flourish at the end.

Jane Douthit
Cambia Health Solutions
Sr. Public & Regulatory Affairs Specialist