

From: [Lauren Baba](#)
To: [OIC Rules Coordinator](#)
Cc: [Margaret Peyton](#); [Madeline Grant](#); [Jim Justin](#)
Subject: R 2020-04 Health Care Benefit Managers: stakeholder draft comment submission
Attachments: [image001.png](#)
[image002.png](#)
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[image005.png](#)
[image006.png](#)

Sent on behalf of Margaret Peyton, Clinical Business and Regulatory Affairs Officer, UW Medicine:

Dear OIC Rules Coordinator,

Thank you for the opportunity to comment on the stakeholder draft of proposed rules regarding Health Care Benefit Managers (R 2020-04). UW Medicine is a health system consisting of UWMC, Washington state's preeminent academic medical center, and Harborview, the state's only level 1 trauma center, as well as Valley Medical Center, UW Physicians, UW Neighborhood Clinics, the UW School of Medicine and Airlift Northwest. In 2014, UW Medicine formed the UW Medicine Accountable Care Network (UW ACN) in partnership with regional healthcare providers to attract large employers to value-based care arrangements. In 2019, UW Medicine formed UW Medicine Choice Care in order to participate in the Medicare Shared Savings Program. We are writing to request clarification of how to interpret the definition of 'health care benefit manager' as it relates to providers and provider-operated accountable care systems.

It is our interpretation that if a provider-managed accountable care network (ACN), accountable care organization (ACO) or clinically integrated network (CIN) engages in coordination activities on behalf of providers in the ACN, ACO or CIN to better coordinate patient care, that they should not be considered HCBMs. They are not acting on behalf of carriers to restrict patient access, which was the focus of SB 5601 in response to consumer protection concerns raised by the Legislature. ACNs, ACOs, and CINs are instead established to coordinate clinical systems and providers to enhance the value of care provided to patients. However, the stakeholder draft for the proposed rules does not appear to account for instances when accountable care activities are not done through a "hospital or ambulatory surgical facility" but instead through a provider-managed ACN, ACO, or CIN (e.g., the UW Medicine ACN or UW Medicine Choice Care). Accordingly, we would appreciate the OIC's explanatory guidance on how provider-managed accountable care organizations should interpret the HCBM rulemaking.

Thank you again for the opportunity to comment. If you have any questions, please do not hesitate to contact UW Medicine's Deputy Director of Government Relations, Lauren Baba, at babal@uw.edu.

Sincerely,

Margaret Peyton
Clinical Business and Regulatory Affairs Officer
UW Medicine

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