PREMERA BLUE CROSS

Premera Blue Cross
PO Box 327 – MS 000
Seattle, WA 98111-0327

Mandy Weeks-Green, Senior Health Policy Analyst
Washington State Office of the Insurance Commissioner
P.O. Box 40260
Olympia, Washington 98504-0260

September 15, 2020

Subject: Health Care Benefit Managers (R2020-04)

Dear Ms. Weeks-Green,

Premera Blue Cross and LifeWise Health Plan of Washington ("Premera") would like to thank the Office of the Insurance Commissioner (OIC) for the opportunity to participate in the stakeholder process for the Health Care Benefit Managers (HCBM) rulemaking. We we would like to offer the following comments on the stakeholder draft for your consideration and we look forward to ongoing collaboration with you on this topic.

WAC 284-180-130 Definitions

The OIC has added a definition for "Health care benefit manager" (HCBM) that cites back to the statutory definition in RCW 48.200.020. The statute defines a HCBM as "a person or entity providing services to, or acting on behalf of, a health carrier or employee benefits programs, that directly or indirectly impacts the determination or utilization of benefits for, or patient access to, health care services, drugs, and supplies . . ." This definition could potentially be interpreted very broadly. However, the bill (SSB 5601) contains a fiscal note, which says "OIC projects that a total of 550 HCBM will seek licenses with the OIC – 400 in FY2022, 100 in FY2023 and 50 in FY2024. We assume the number will then hold steady at 550 licensees per year." The OIC apparently had a relatively narrow set of entities it contemplated as HCBMs in providing projections when the bill was adopted. In order to ensure effective and efficient implementation across the industry, we urge the OIC to clarify the statutory definition, particularly around what types of entities might 'indirectly impact' patients.

The legislature intended to capture HCBMs that are gatekeepers to an enrollee's access to care, such as entities engaged in prior authorization determinations. This was confirmed by Senator Short, the bill's prime sponsor, during the stakeholder meeting held on September 9, 2020. Therefore, consistent with the spirit of the legislation, we believe that entities who do not perform analysis, decision-making, or benefit determination do not impact access to care and should be excluded from this rulemaking. This exclusion should include entities that do simple eligibility checks, payment integrity, subrogation, data transmissions, banking, and other administrative functions.

Premera Blue Cross
PO Box 327 – MS 000
Seattle, WA 98111-0327

Thank you again for your continued partership on this important initiative. Please contact me if you have any questions.

Respectfully,

Megan G. Howell
Director of Regulatory Affairs, Assistant General Counsel