



July 21, 2015

Mr. Jim Freeburg
Office of the Insurance Commissioner
State of Washington
P.O. Box 40258
Olympia, WA 98504-0258

RE: R 2014-08 (Network Access)

Dear Mr. Freeburg,

On behalf of Cambia Health Solutions family of insurance companies, including Regence BlueShield, Asuris Northwest Health, and BridgeSpan Health Company, we appreciate the opportunity to provide comments to R 2014-08, relating to network access.

Thank you for being responsive to carrier concerns regarding earlier exposure drafts of R 2014-08. The current draft rule is a vast improvement over the previous exposure drafts. However, we have several remaining concerns that we hope OIC can address before finalizing the rule. Our concerns are described below:

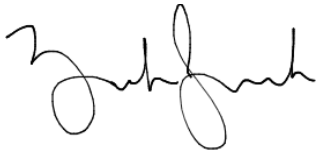
- **(WAC 284-43-202) Maintenance of sufficient networks**
 - Subsections 2(c), 3(g)(iii), and 4(d)(iii) state that if the OIC determines that a carrier network falls out of compliance with access standards and the carrier failed to report that change to OIC, then the carrier will have one business day to submit an AADR to OIC. Completing an AADR is a difficult task that can take upwards of a full work week. A one day turnaround time is unworkable. We suggest changing this requirement to five business days to allow carriers an appropriate amount of time to comply.
 - Subsections 3(a)-(f) require carriers to report to OIC when certain categories of providers fluctuate within defined percentages. It is not clear of the source of the specific percentages outlined in this subsection. We strongly recommend that any mandate, which requires carriers to track categories of providers or enrollees, is based off of best practices developed by credible organizations. This will ensure standards are developed in a manner consistent with industry best practices. In addition, because we currently do not have processes in place to track percentages of specialty providers, providers with open panels, and enrollees with chronic conditions in our plan networks, we are concerned that adding these processes will create additional administrative costs.
 - Subsection 5(d) requires carriers to perform care coordination monitoring as often as necessary. The section should be re-worded in a manner that will enhance clarity so that carriers have less difficulty complying with the rule. First, we recommend that the baseline

for monitoring care coordination be amended by striking the requirement that carriers, “monitor as often as necessary” and keeping the requirement that carriers monitor at least once a year. It is not clear what is meant by requiring carriers to monitor care coordination as often as necessary, but it is clear if the requirement is set at an annual basis. Second, this subsection is ambiguous as to how a carrier is supposed to show the OIC that it is monitoring care coordination. The rule prescribes how carriers are to monitor coordination of care, but does not make clear how they are to demonstrate that to OIC. We recommend that OIC either delete this section or add language to clarify. Any solution should not add significant cost to carriers.

- **(WAC 284-43-225) Issuer recordkeeping—Provider networks**
 - Subsection 1 of this section is troubling because the rule requires that carriers keep and provide, if necessary, sensitive and proprietary contract documentation to support good faith contracting efforts. Per the requirements of the network access rule adopted by this office only several months ago, carriers should only be required to submit documentation about our efforts to contract and not the substantive terms of the actual contract. Inclusion of specific reimbursement amounts in these submissions will create the perception that the OIC will be arbiter of the fairness of negotiated rates between to private businesses. This is a role the OIC has historically rejected as not appropriate. We strongly suggest that OIC amend this subsection to maintain this longstanding approach.
 - Subsection 2 appears to be a data call or survey request. It seems proper to require carriers to submit the data described in this subsection through a traditional data call or survey request rather than a through rulemaking as a subsection.
- **(WAC 284-43-251) Enrollee's access to providers**
 - Subsection 2(b) lacks clarity around the amount of pediatricians, who are open to new patients, that are needed in a given service area to comply with the rule. Without clarity on this topic we will use our own best judgment to comply.

Again, thank you for the opportunity to provide comments to this proposed rulemaking. Cambia stands willing to work with your office to find reasonable solutions to the issues presented in this letter. Please don't hesitate to contact me with further questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Zach Snyder', with a stylized, cursive script.

Zach Snyder
Cambia Health Solutions
Regulatory Affairs