GroupHealth.

**Group Health Cooperative**
**Group Health Headquarters**
Regulatory Affairs
320 Westlake Avenue N.
Suite 100
Seattle, WA 98109

www.ghc.org

March 20, 2015

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

Submitted electronically via email to RulesCoordinator@oic.wa.gov

**RE: Network Access March 3, 2015 Exposure Draft (R2014-08)**

Dear Mr. Freeburg:

Group Health Cooperative (Group Health) appreciates the opportunity to provide comments in response to the Washington Office of the Insurance Commissioner's (OIC) most recent exposure draft of the Network Access rule, released on March 3, 2015. Additionally, we would like to thank you for your efforts to make this rulemaking a collaborative process, and in particular, for hosting the stakeholder meeting on March 12th, and providing supporting documents explaining the rationale behind some of the revisions.

As we mentioned in our comment letter for the October 2014 draft, Group Health is generally supportive of the OIC's overarching goals to promote adequate access to providers and clearly define parameters for carriers offering plans in Washington State. Furthermore, we are committed to establishing comprehensive access to high quality care for all of our members. As such, we believe Group Health has a unique perspective to offer on this exposure draft, and we appreciate you taking the time to consider the following comments.

***WAC 284-43-202 Maintenance of sufficient provider networks***
Group Health appreciates the revisions to the second exposure draft, including the specific timeframes for an alternate access delivery request and general reformatting of this section. We believe the new draft is much clearer due to these amendments. However, we would like to express our continuing concerns with the triggers proposed in section (3), which will add an unnecessary additional layer of notice requirements for carriers. We certainly agree with the OIC's goal to maintain sufficient networks, and we are working to ensure our members have

excellent access to care. We believe, however, that the protections already established by the first phase of the Network Access rule, as well as other provisions within this exposure draft (including sections (2) and (5) of WAC 284-43-202), contain sufficient notice requirements to keep the OIC properly informed of significant changes to our networks. We continue to remain committed to providing robust provider networks for our members, and we look forward to working with the OIC to maintain these shared goals.

***WAC 284-43-251 Enrollee's access to providers***

Group Health understands and generally agrees with the provisions added to this section, but we would also like to emphasize the responsibility of providers to proactively communicate with carriers. In particular, we would like to highlight and urge greater communication from providers when there has been any major modification to their practice affecting access, such as an office change of address due to a practitioner's retirement or closure of the practice. In order to ensure the best access to care for our customers, it is essential for all parties to openly and proactively communicate.

***WAC 284-43-310(1) Selection of participating providers – Credentialing and unfair discrimination***

Group Health is concerned with the addition of the word "and" (replacing the word "or") within the first sentence of section (1). Our understanding of this revision is that it requires all carriers to develop clear selection standards for participating providers, which includes specialty providers. We are requesting additional guidance regarding the level of specificity the OIC is requiring when an issuer develops selection standards for professional specialty providers. For example, do we need to have a specific process for all specialties listed with the American Board of Medical Specialties (ABMS) or some other basis, or would a more general process meet this requirement?

***WAC 284-43-320(3) Provider contracts – Standards – Hold harmless provisions***

Within section (3), Group Health continues to be concerned with the deletion of the phrase "or variations approved by the commissioner", with respect to provider and participating facility contracts. We recognize the OIC's shift toward standardization of contract language, and goals associated with that transition. However, in practice, this regulatory change would require Group Health to amend the language of approximately 4000 contracts, creating both an administrative and financial burden to adjust minor language.

For instance, while our boilerplate contract language is very similar to the proposed language, our contracts use the term "contract" which will need to be replaced with "agreement". Additionally, where the proposed language requires the word "enrollee", our contracts use the defined terms "Managed Care Member", "PPO Member", or "Covered Person", depending on the contract template. In particular, we have specific concerns with the proposed modifications to subsection (3)(d). In 2011, we modified this boilerplate language based on feedback from providers that the provision was confusing as written, and had the new language approved by the OIC at that time. We have concerns shifting this language back to the proposed language is likely to cause confusion between contracting parties.

With this in mind, should the OIC move forward with these revisions, we strongly encourage the OIC to provide guidance as to when these contract adjustments are to be made, and to establish a phased-in approach. For example, we recommend requiring all new contracts after the rule is final to contain the new verbatim language, and to require updates to existing contracts upon renewal. Accordingly, we appreciate your consideration of how this undertaking would potentially impact our operations, and believe a phased-in approach would reduce the huge influx of potential new filings with the OIC and provide us the opportunity to smoothly transition to use of the new required contract language.

***WAC 284-43-320(6) Provider contracts – Standards – Hold harmless provisions***
As we mentioned in our comment letter to the October 2014 exposure draft, Group Health continues to seek clarification on subsection (6)(d). Specifically, we are unclear whether this new provision requires carriers to grant providers and facilities full access to an enrollee's benefit contract itself or whether access to the benefit summary will sufficiently meet this requirement.

***WAC 284-43-320(7) Provider contracts – Standards – Hold harmless provisions***
Group Health seeks further clarification on section (7), because this requirement may interfere with the defined terms sections of our contracts. Specifically, we are questioning whether this contract language is required to be added to all provider and participating facility contracts verbatim as written in the proposed rule, (similarly to the language from proposed WAC 248-43-320(3)), or whether carriers may have some flexibility with their individual contracts.

Once again, thank you for considering our comments. We appreciate the opportunity to collaborate with your office on the draft rules. Please do not hesitate to contact us with questions regarding this information at Herrmann.A@ghc.org or via phone at 206-448-2670.

Sincerely,

Alicia B Herrmann

Alicia B. Herrmann
Regulatory Affairs Consultant
Group Health Cooperative